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The Journal of Sociologic Medicine

Continuing the Bulletin of the

American Academy of Medicine

OCTOBER, 1916

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The Journal
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Sociologic Medicine

Continuing the Bulletin of the American Academy of Medicine

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THE AMERICAN ACADEMY OF MEDICINE is not responsible for the sentiments exprest in any paper or article publisht in the JOURNAL. While the Editorial Management prefers to follow the suggestions of the Simplified Spelling Board, as it is empowered by vote of Council to do, the wishes of the authors in connection with the orthografy of individual papers are respected.

SOCIAL INSURANCE AGAINST ACCIDENTS (WORKMEN'S COMPENSATION LAWS).[1]

By FREDERICK L. VAN SICKLE, M.D., Olyphant, Pa.

"THE FAITHFUL LABORER IS WORTHY OF HIS HIRE."

Workmen's Compensation.

In studying the evolution of incomes and of means whereby the people of the world are supported, either by hand or brain, it is well to make some investigation as to the changes which have taken place in the past twenty years, whereby a gradual evolution of wages, salaries and earnings has been granted to the working and middle classes of the people of this and foreign countries, which is evidenced by the present state of wages with their increase, as compared to those paid in times gone by.

It is very difficult to get a table of comparisons from which each section of a country as large as the United States can be workt out, because there enters into such estimates many factors that deal with local conditions, with the sale of commodities and with the general standing of prices of all things entering

[1] Read at the 41st Annual Meeting of the American Academy of Medicine, Detroit, June 9, 1916.

into the cost of living; but it is well known from statistics gathered by industrial organizations, that in cases where the wages of a daily laborer twenty years ago ranged from $1.10 to $1.25 per day of ten hours, the present wage would not be less than $1.95 to $2.25 per day of eight hours for similar labor.

Again, comparing the wages of a higher grade, for instance—mechanics, carpenters, bricklayers and masons, the wages of twenty years ago would run from $2.00 to $2.25 per day of ten hours, whereas in 1916 the earnings of most of the states would give us an average of from $3.00 to $4.00 per day of eight to nine hours, for the same grade of labor.

Again, taking a higher class, a more skilled workman or men in salaried offices, we find that whereas $50 to $75 per month was a fair income some years ago, the same work to-day brings from $100 to $150 per month.

It is unnecessary for us to go into detail regarding the reasons for giving these advances, as they are too well known for discussion. A most vital reason, however, is the greater consideration for labor by capital, as a necessary part of its equipment and a greater coming together of the two units, thru which greater concessions are granted in time of working hours, in vacation periods, and furnishing means which afford not only the necessities of life, but aiding in supplying the comforts and pleasures which up until the present decade were almost deprived to a large class of the working people of the nation.

In considering this feature of the workmen of the world, we must realize what has entered into this problem from the various influences which have cemented the closer relationship with labor and capital and that another means of rendering aid has been brought about by the passage of various laws in foreign countries and in the United States, whereby in time of injury compensation was granted, making the path of the injured more easy, the trials and hardships of the family more tenable, the pain and suffering—while not abolisht—rendered more bearable, with the thought that the wage earner was not without means of sustenance for himself and family in the dark hour of trouble. For the most part these liberal laws have been termed "Work-

men's Compensation Acts," in which we find capital with a desire to promote the best interests of that unit of their organization, namely—labor—not only paying for part of the time lost, but furnishing the workmen with a more prompt, rapid and systematic course of treatment and relief for their injuries.

It cannot be said that these laws were past with any idea of placating or relieving the responsibility which labor placed upon capital, but with an eye single to promoting the best interests of the working world, bringing to the people to whom it was most needed a beneficial system of conducting the treatment of injured persons, whereby correct data might be obtained as to the kind of injury, the method of treatment, the length of time necessary to restore health, the value of trained observation and the greater availability of statistics which bring to the entire world that which in previous times and previous methods was of unknown quantity and of little value.

The tedious and cumbersome acts which were first produced have been repeatedly modified, amended and altered, so that at the present time the thirty-two states of the Union having these measures, represent a vast step forward toward perfecting a system of workmen's compensation that is doing an immense amount of good.

In the United States we find on investigation of the various tables of comparisons in most of the states having compensation laws that among the working people the annual income of the employe is based at $1000 a year, and from that figure has been workt out a scheme of indemnity liberal to what was in vogue in times past.

The principle of workmen's compensation universally adopted is a reversal of the previous employers' liability acts, under which the employer paid damages only when the accident was due to his fault or the fault of his fellow-servant, etc.; whereas these new laws place the financial burden of all industrial accidents which happen to its workmen upon the industry and the commodity produced and the workers who happen to be the victims of particular accidents are not subjected to the financial drain which existed under the former condition.

In computing the cost and fixing the price of the finisht product, capital computes its industrial losses due to accidents as those of other fixt charges, namely—wages, machinery, etc., etc.

We are appalled at the awful sacrifice of life in the European war, but the condition of the industries of the United States furnishes us with an unwelcome parallel of fatalities in the industrial world, as given by the industrial accident commissions of the United States.

In California during the year 1914 there were 62,211 industrial accidents, of which 678 were fatal, 1292 permanent injuries and 60,241 temporary injuries.

In Michigan during the year 1915 the number of fatal accidents was 332; number of accidents causing loss of member, 972; number of accidents causing disability for more than two weeks, 12,188; number of accidents causing disability for less than two weeks, 26,289.

In Pennsylvania from January 1, 1916, the date upon which the new Workmen's Compensation Act of Pennsylvania went into effect, up to May 10, 1916, there have been more than 800 working men and women who have lost their lives in the course of their employment; 21 mine workers were killed in three counties of the anthracite coal fields and over 80,000 injuries were inflicted upon the workers of the state. Similar reports from all other states might be quoted were space permitted.

The time has arrived when the humanitarian feeling has pervaded the public mind and public opinion has so imprest capital that there is an increasing consideration for the man who works with his hands.

The Michigan Industrial Accident Board in carrying out the theory of Workmen's Compensation Law, says:

> The law should be supported to the end:—
>
> That the injured workmen may receive justice.
>
> That employers may have fixt liabilities and escape the embarrassment and expense of damage suits.
>
> That the courts may be relieved of the time of trying damage suits.
>
> That the public treasury may be relieved of the expense of these damage suits.

That the public may be relieved of the expense of caring for the victims of industrial accidents.

That more harmonious relations be promoted between employers and employes.

It further says that the cardinal principles of a compensation law should be:

Reasonable compensation at minimum cost for all accidents except the result of wilful fault.

Certainty of amount.

Certainty of payment.

Payment without litigation.

Prevention of accidents.

We may draw the inference from the attitude taken by compensation commissions that there is a most liberal desire on the part of these boards to pay what the tariff of the industry can afford, relieving thereby the public from previous burdens borne in the name of the so-called charity; hospital abuse in its various forms to be relieved and overcome; the ambulance chasing attorney caused to seek legitimate fields; the typical medico-legal expert (?) in liability suits relegated to the dim past, and the many evils attendant upon a system of payment for industrial injuries which never reacht the ideal of modern times.

We can well understand, therefore, why workmen's compensation or industrial insurance has attained such wonderful prominence in legislativ halls, lawyers' gatherings, among sociological workers and professions of all kinds, whose aim it is to bring about the modern scientific plans for relief and the growth that appears the more phenomenal when we reflect upon the miserable failure of liability statutes and the earlier compensation acts when subjected to the microscopic eye of the supreme tribunals.

The operation of the compensation laws in the states has naturally encroacht upon the business of the legal profession; has altered the relationship of court procedure; has in its effect to systematize its application; made changes in relation to the patient and the medical profession, but its principles are right and all of us who are influenced by its various provisions must take the bitter with the sweet; must realize the upward tendency, no matter what the cost may be to personal interests; and we and all pro-

fessions and all sociologic workers must lend our support to an object which is to preserv the safety, the happiness and the peace of mind of the people of the states and the Union, and we should urge hearty support in all states having compensation acts and prevail upon legislatures in states not having these modern measures to cause them to be enacted as soon as possible.

I can no better illustrate the thought in relation to the working classes of the United States in my feeling toward compensation laws than to quote the language of Chief Justice Winslow, of the Supreme Court of Wisconsin, handed down in case of Driscall *vs.* Allis-Chalmers Co., who has the following to say:

It gives me no pleasure to state these long establisht principles of the law of negligence. I have no fondness for them. If I were to consult my feelings alone I would far prefer to let the case pass in silence. No part of my labor on this bench has brought such heart-weariness to me as that ever-increasing part devoted to the consideration of personal injury actions brought by employes against their employers. The appeal to the emotions is so strong in these cases, the results to life and limb and human happiness so distressing, that the attempt to honestly administer cold, hard rules of law which either deny relief entirely or necessitate a new trial, make draughts upon the heart and nerves which no man can appreciate who has not been obliged to meet the situation himself. If it be said that some of these rules are archaic and unfitted to modern industrial conditions, I do not disagree; in fact that has been my own opinion for long. Upon reflection it seems that this could not be otherwise. Principles which were first laid down in the days of the small shop, few employes and simple machinery could hardly be expected to apply with justice to the industrial conditions which now surround us. In those earlier days the laborer ordinarily knew his fellow workmen, workt with simple machinery and ran comparatively small risk of injury. The genius of our present remarkable industrial development requires that he carry on his patient toil in company with veritable armies of fellow men, many of whom he can neither see nor know; it surrounds him with mighty and complicated machinery driven by forces beyond his control, whose relentless strength rivals that of the thunderbolt itself; and it requires him to labor day by day with faculties at highest tension in places where death lurks in ambush at his elbow, waiting only a moment's inadvertence before it strikes. The faithful laborer is worthy of his hire in these latter days as never before, but is he not entitled to more, and are not those dependent upon his labors entitled to more? When he has yielded up life, or limb, or self in the service of that marvelous industrialism which is our boast, shall not the great public for whom he wrought be charged with a duty of securing from want the laborer himself, if he survive, as well as his

helpless and dependent ones? Shall these latter alone pay the fearful price of the luxuries and comforts which modern machinery brings within the reach of all? These are burning and difficult questions with which the courts can not deal, because their duty is to administer the law as it is, not to change it; but they are well within the province of the legislativ arm of the government. Happily the Legislature has seen the need and now has these questions under serious consideration. If it shall solve them justly and equitably within constitutional limits, or even make a substantial advance in the direction of such a solution, it will be entitled to the gratitude of all citizens. Confidently, I can say that none will welcome such a solution more heartily than the judges of the courts.

Physicians' Compensation.

The history of medicine from the days of Aesculapius and Hippocrates, placing medicine on so difficult a plane with the question of recompense, or in other words, the question of workman's hire, has shown it to be the most difficult, irregular, irresponsible business asset that any class of men could have accepted in any walk of life.

Recompense for services rendered has been almost the last thought for many generations, of men, and later women, engaged in the healing art. This early training and moulding of thought has had much to do with the stagnant and apathetic condition pervading the great mass of the profession, so much so that business matters failed to receive the attention or discussion that has been so markt in almost every walk of life and business profession, other than ours.

It makes it very difficult, therefore, to enter into a discussion of the business side of the profession, even as it relates to the modern assets of our business, to the newer fases that have been thrust upon us by the kaleidoscopic change in the business world.

We have ever been loathe to discuss the question of wages, or income, or salary, or fees, with that serious, solid, business sense that should have received a much earlier consideration at our hands, and as a result the condition of the medical profession this day is almost at the same ebb as that of our forefathers. Many of the things that have occurred to us in a business way have been thru our own lack of interest in the financial side of the work and much can be laid at our own doors from our own apathy.

When we consider how little attention has been paid to the various legislativ acts during their discussion in the public press, in public assemblies and in legislativ halls, we cannot but agree with the statement made February 24, 1916, by Harry A. Mackey, Chairman of the Workmen's Compensation Board of the State of Pennsylvania, when he says:

> If the medical men feel that the Pennsylvania Act is somewhat restrictiv upon their profession, it might be well for them to remember that probably they did not take the same care of their interests that the employer and employe did at a time when their advice would have been very welcome and most instructiv.

He also gives us this advice:

> But we are in a period of experimentation and if the next twelve months' experience with this law proves that your (medical) profession has any real grievance, the Board will feel itself especially commissioned to present those results to the next Legislature for the purpose of correction.

The same thought should be capitalized by medical men in every state, should be a stepping stone upon which to advance their interests, financially and economically, when new acts are to be framed under workmen's compensation laws.

As a comparison of increase it was stated by the late Dr. Bristow in an address before the New York Academy of Medicine, about 1913, that of the annual income of male adults in the United States 90 per cent. is less than $600, and fully 50 per cent. is less than $500, with 20 per cent. as low as $200 per annum.

As a comparison to this, it was stated somewhere about the beginning of 1910 that the average earning of the medical profession of the United States was $750 per annum. Taking this as a basis of comparison, we find that the working classes have an income which was not so much less, proportionate, than that of the medical profession.

Since 1913 there has been a gradual increase of wages and income in the United States among the working classes, whereby from 10 per cent. to 20 per cent. of an increase has been obtained and in some cases more than that amount, while we cannot, from any data on hand at present, find anywhere as great an increase as 20 per cent. in fees in the medical profession.

The Judicial Council of the American Medical Association, in its report June 16, 1913, among other things, had this to say:

The fees therefore of the physician have lagged behind those of the surgeon and the worldly rewards in internal medicine are not as great as those of surgery. More than that, the rewards given to physicians are on the average given more grudgingly than to the surgeon. The surgical fees are enormously greater than they were twenty-five years ago; medical fees still remain practically the same, and except in a few large centers have hardly advanced at all. Oftentimes, especially in smaller communities, physicians giving their time, draining their personalities, giving of all that is in them, find that the sense of obligation to reward them for their service diminishes in direct ratio as a feeling of friendship from their patient increases, with the result that they cannot collect a fee for an honest, difficult, scientific diagnosis which results in the life-saving operation for their patient, while the surgeon who does the mechanical operation readily collects a relatively large fee.

In our discussion, therefore, of the physician's compensation as applied to workmen's compensation acts, we feel there is not a just increase in fees obtained as compared with the ordinary surgeon's work done in private practice.

Murray N. Hadley, M.D., in correspondence to the Indiana State Medical Journal, February, 1916, regarding fees under the Workmen's Compensation Laws, had this to say:

Anyone giving the matter unprejudiced thought will soon be made aware that certain questions effecting physicians have arisen under the Workmen's Compensation Law that are very difficult of solution. As might be expected the question of fees has occupied most prominently the attention of physicians. This is entirely proper, for unless the question can be amicably settled it will seriously interfere with the proper working of the Act.

He further says:

It is said that the fees are too small and without doubt in some instances they are and should be revised, but no one has said what they should be. We have no data on which to base a schedule. It would require a considerable amount of research work to get accurate facts relativ to the average specific fees for specific services rendered the industrial class, as the law provides this shall be the basis of charge. If the medical profession will produce this data and then submit it to the liability companies and they refuse to accept it, then will the time have arrived to demand it. Let no one be surprised, however, to find as a result of such research that a considerable amount of minor surgical services rendered the industrial class under the system of the patient paying for his own services is done at a smaller figure than most of the liability companies' schedules call for.

To the above we must in the main agree that antiquated fee bills of twenty years ago are still the rule and are in vogue in the great percentage of medical societies and units in the United States.

It is also without dispute that fees charged to patients receiving injuries, which now come under the compensation laws have been paid for only in part in the great majority of instances by the laboring classes; while under the present business arrangement the payment is a positiv one and within a reasonable time.

The suggestion also made in the above quotation would offer an incentiv for medical societies to get busy, become more practical business men, reduce the long list of obsolete fees previously charged to a modern fee basis, proportionate to the services and sufficiently intelligible, so that it can be a basis upon which liability companies, industrial boards, insurance companies and the like may meet us upon common business grounds.

In a California case it was stated that the reasonable value of medical and surgical services will be determined with reference to reasonable and usual charges by physicians for services rendered to persons of the earning capacity of the average employe affected by the Compensation Act, namely, an employe with an average earning capacity of $1000 per year.

The report of Industrial Commission of Ohio on medical payments for temporary injuries, says:

> In the cases of temporary injury it seems that medical organizations run a little better than dollar for dollar; $615,706.24 were paid out for temporary injuries alone, or an average of about $19.06 per case considered. (For year 1914.)

During a comprehensiv review of the laws in the 32 states submitted (as shown by a revised table of amended laws, attacht), relativ to the application of workmen's compensation, one cannot help but be struck with the small consideration allotted to the medical profession in their application, when large space is alloted to almost every other department, amplifying in concise terms the various minute and often valueless instructions, as compared to the vital importance of medical, surgical and hospital aid to

the injured person. We cannot help but enlarge upon this point when we feel the enormous responsibility placed upon the medical and surgical profession in relation to the injured and the endeavor to restore to normal physical condition the individuals in whose behalf workmen's compensation laws have been framed.

Many of the present boards in various states assume that no fee bill is necessary, as they base the charges upon what is usually askt by physicians and surgeons in the treatment of injuries when the individual is required to pay the same in general practice.

While in the main the charges of the average physician would be legitimate, honorable and just, unless some system is adopted whereby these charges shall be uniform, as well as equitable, it is evident that there will be a great diversity of charges submitted for similar service, together with the length of time required to produce a cure and return to work, persons receiving the benefits of the compensation treatment.

An illustration is shown by a chart in the report of the Industrial Accident Commission of the State of California, which chart shows the average time lost per case by character of medical treatment, thus:

Private doctor paid a specific fee	20 days
Medical fees not specified and amounts unknown	17 days
Company hospital or contract doctor	15 days
No medical fees reported as paid	12 days

This shows that there is a tendency at times on the part of the doctor attending patients in private capacity to carry along the individual past the time when he might return to his occupation and especially if he were directed under a system of workmen's compensation as carried out under systematic medical regulation.

It is quite probable that in cases of men of higher calling and receiving a larger salary than that determined by the law, *viz.*, $1000 per year, would desire more expensiv medical, surgical and hospital treatment and attention on the part of the surgeon, but the law fixes the compensation, basing it only upon one fixt income; therefore employes desiring more expensiv hospital and surgical services should consider that any additional expenses must be borne by themselves.

From a composite view-point of the laws in all the states now having workmen's compensation and fee bills submitted by compensation boards, we find that the minimum fee as usually charged in the community is the basis of payment to physicians doing compensation work; and in most of the cases, while the fee is often below that which may be at times obtained in a like community were the patient paying for such services, there come times when every reasonable medical, surgical and hospital treatment could not be afforded on the part of the surgeon for the amount granted in the law, as many cases of severe nature require extraordinary care, attention and skill; and as a result we would make this observation when new legislation is contemplated, in our capacity as recommenders—that states should amend their various acts and give more discriminary power to the commissioners, boards, or different executiv departments applying the law, in extraordinary conditions of the patients that the surgeons might be allowed to expend more for medical, surgical and hospital treatment, thereby rendering greater aid in these serious cases.

In nearly all of the compensation acts reference is made to hospitals, as well as to medical and surgical aid. We feel that this combination, while necessary to work in conjunction with each other, should be separated so far as compensation is concerned, as many of the laws make such statements in the application of the remuneration that it is difficult to separate medical and surgical treatment from the hospital fee, thereby offering an opportunity for disagreement and argument as to the placing the fee.

Many of the commissioners in their discussion of the application of surgery to injured employes, make reference to the X-ray and it is the consensus of opinion that the X-Ray Department is separate from compensation granted for medical and surgical attention. It is wise that this is so, as it is found that X-Ray charges would materially eat up the amount allowed in any case, leaving but little for the surgeon to receive at the expiration of the one, two or more weeks, according to the various laws.

A point of advantage, it would seem to us, in conducting a

surgical case due to traumatism and coming under workmen's compensation laws, is the fact that the patient in the majority of the laws is placed directly under the charge of the attending surgeon and must submit to what is deemed proper treatment in a given injury. The employe's refusal to obey the advice given by the surgeon vitiates the employe's chances to recover only such compensation as he would be entitled to receive had he submitted to treatment and had the treatment proven normally successful. As a result of this submission on the part of the employe the recovery is more prompt, as instructions are carried out in a more definit and efficacious manner.

The question of operation as recommended by the surgeon entails a point of personal submission on the part of the employe and a necessity to submit to a reasonable operation when a chance of recovery is thereby considered. If, however, the employe is advised to submit to a serious major operation, which would vitiate his chances of recovery, or be a risk of life were he to submit, the Supreme Court of Michigan has held that the employe's refusal to submit to an operation of that kind is not unreasonable.

In the application of the medical, surgical and hospital sections of compensation acts, the question has been raised that surgeons working under compensation laws endeavor to overcharge. These statements have been proven false in the greater majority of cases.

The report of the Judicial Council of the American Medical Association, among other things, has this to say:

> That a few of the profession have greedily endeavored to obtain more than they deserved, is undoubtedly true, and any referee board of physicians or surgeons to which these claims have been referred, has been the first to condemn the excessiv amounts claimed. There is no question that public opinion among the medical profession condemns overcharging the state or overcharging for this industrial work as severely as it condemns any other dishonest practice perpetrated by the members of the profession.

It is a well-known fact that there is a tendency for all corporations and industrial insurance companies, when a state begins the operation of workmen's compensation laws, to make application to members of the profession in every industrial locality, whereby they may obtain medical and surgical service for injured workers,

and that contracts are requested of these men, many of them at the lowest rate that can be obtained, and as a consequence doctors will engage in contract services and such service is overworkt, with the result that economic conditions are against the best interests of those who employ such contract surgeons, by reason of hasty method of treatment, carelessness in following aseptic methods, limiting the time to each individual patient, bringing such results as are stated by the Judicial Council, thus:

It is often noticeable that pus and politics go together, and he who shaves the medical fee piles up compensation expenses. A stingy man hires a poor surgeon and begets many infections and much disability.

Workmen's compensation acts have raised a new question that, while not from the view-point of income to the surgeons, is one that must be rated as a commercial asset in applying the provisions of the compensation acts, namely, the new standards of surgical and hospital efficiency, as they apply to the recovery of the patient and his working economic value. We are quite sure that a patient coming under a compensation act, when treated by a competent surgeon, with the end in view to place back into the industrial world such patient, with the least possible effect of injury, as far as working ability is concerned, gives a new impetus to that surgeon to do for his patient all that human flesh and blood can do, and to this end the question of relationship of surgeon and hospital is very pertinent. It is this question of hospital service and attending physician that has stirred much comment in many of the states having compensation acts for many years and we doubt not that revised plans for compensation, proportionate to work, will soon follow, as it is very conclusiv that cheap work and cheap service do not bring good results. The underpaid hospital, so far as workmen's compensation acts are concerned, is brought out very nicely in the first annual report of the Board of Compensation Commission of Connecticut, which says:

If the spirit underlying this act is to make each industry carry the expense of the casualties that occur in the conduct of that business, it fails to do so when the hospitals and physicians are forced to care for them at a loss or as charity cases. It costs the hospitals from $10 to $15 per week to care for cases. If the compensation cases are placed in public wards at $7 per week,

the balance has to be made up by contributions that are made for charity, and physicians should not be askt to treat these cases for nothing in hospitals any more than they are askt to treat them outside for nothing.

Advantages of Social Insurance against Accidents under Workmen's Compensation Laws.

First.—To Workmen.

The benefits of workmen's compensation laws as applied to the working classes of the United States cannot be measured in dollars and cents. These laws were never made with the idea of compensating disabled workmen or working women to the extent that they shall be supported entirely from these funds while disabled by accident, but it is to be supposed that they are for the purpose of tiding over a most difficult time in their lives when, in an unguarded moment, an accident befalls them, suddenly removing them from their daily toil and the income which it brings. Any social insurance scheme which would be sufficiently large to maintain the injured employe would be too great for industry to bear and it would be the basis of much trouble among this class of our people, as we often find a great tendency to seek even greater benefits than the law gives, whether it be partial indemnity or a sufficient amount which would render it attractiv; consequently every law in its application takes into consideration the immediate relief of the physical fault by supplying "seasonably," or as some term it "as and when needed" medical, surgical and hospital services.

Another benefit which these laws give to the working classes, is that prompt service is rendered them and in the great majority of cases we doubt not that the best service possible to be obtained is rendered, thereby giving them the advantage of speedy return to normal health, where such a thing is possible.

Under ordinary conditions, the average person in the working world delays in sending for a medical attendant, hoping and trusting that kind nature will repair the damages, thereby saving them an additional expense. Often this delay is the most serious thing which they could have attempted, as traumatism destroying continuity of structure, allowing infection to take place,

renders the treatment and cure of the injury many-fold greater than where prompt scientific surgical principles are applied.

Further, workmen's compensation acts, after the waiting period, give to those people that which in former times was denied them except by process of law, namely, a sufficient amount of money to enable them to live without starvation or fear of absolute want. Industrial communities in years gone by were frequently destitute of modern hospital facilities, but with the ever-growing idea of humanitarianism which now pervades the minds of those who govern the financial world, modern hospitals have come into existence and opened their doors, first to the poor of the community and later to those who come under the compensation provision. In these modern homes for the care of the sick and injured, quicker restitution of health in a great majority of instances is obtained.

Every law, so far as we have been able to observ, specifically states that injuries caused thru intoxication are barred from compensation, and it would seem that if there is a benefit to be obtained the moral effect of this law to render sober the working classes is by no means a small item.

We are often prone to consider personal liberty a great factor in selecting competent medical attendance and our conduct during sickness or injury in relation to the advice of physicians who are called to render aid. Applied to the working people this often is much to their detriment, because they are not always competent to judge who are best fitted to treat them, especially in cases of injury, and when treated as private patients take advantage of the medical attendants' directions, doing many things which deter their chances for prompt recovery to a much longer period than were they under direct supervision of competent surgical service, which holds them directly responsible for every act in compliance with carrying out the directions for their relief.

Many of the laws distinctly state that while it is the employer's duty to furnish "reasonable medical, surgical and hospital treatment," it is equally as necessary that the employe submit strictly to the advice given by the physician or surgeon in the treatment of his injury, and it has been proven that the time to reliev and cure has been reduced materially in this manner.

Malingering can never be entirely overcome, but it is much easier to reach and remove when the patient is observed by physicians who receive their compensation thru insurance associations, rather than from the individual himself, and in that manner the wheels of industry are not prevented from turning by the loss of the worker, who would make himself a drone rather than the busy, energetic individual whom we so much admire.

Second.—To Physicians.

While it is necessary for us in this discussion to consider the features of workmen's compensation acts largely in their effect upon the physicians' recompense, yet we believe that there is a sense of satisfaction in watching a patient, who has been injured, respond to treatment and rapidly recover his usefulness thru our efforts, when we have carried out every wish in his behalf, so far as treatment is concerned, and the pleasure which the medical profession has so often taken unto itself, that of restoring the broken and injured human frame. We certainly should consider workmen's compensation laws as applied to surgeons in that branch of work as a great advantage. We cannot deny the fact that workmen's compensation laws do not allow of any extravagance in the nature of supplies and yet when we look back in the past and realize what many of the earlier pioneers of surgery used in the treatment of the injured and with a fair degree of success, we must often consider our methods as somewhat extravagant.

Another advantage to the physician in the treatment of accident cases under workmen's compensation laws is the well acknowledged fact that those who employ us as surgeons for their work are prompt in paying for our services. In contrast to this, we find a somewhat varied percentage of amounts collected in the average practice, basing the loss of collections from 10 per cent. to 50 per cent., and it has been stated that in Massachusetts it has been found that after two weeks when the industrial accident board ceased to pay hospital fees for the injured workmen, it was impossible to collect from patient or friends any further monies for hospital services in from 50 per cent. to 90 per cent.

of cases. It is doubtful if the experience of physicians has varied much from this experience of hospitals.

This condition of affairs without doubt exists thruout the country and the greatest trouble experienced by the average medical man in his every day work, especially in surgical work of the accident type, is recovering legitimate fees. It has been stated that there is a tendency to criticize the cost of medical services under the compensation laws in the various states and that the income of physicians is in some instances "dollar for dollar" paid to the employe in compensation; while in others it is variously stated from 35.4 per cent. to 58 per cent. of what would have been the fee under the regular charge for a like case in general practice.

Another item of importance relativ to the collection of fees under compensation acts is one that is somewhat diversified in the thirty-one states considered. In the Bulletin of the Industrial Commission of Ohio, October 1st, 1914, is the following:

> Against whom is the physicians' account? It should be remembered that the law implied specifically that all awards were to be paid to the injured workman. This impliedly respects the right of the workman to select his attending physician and the allowance to be made therefor from the fund cannot be logically a question of dispute between the commission and the physician, the physician making his charge against the injured workman with the idea of collecting it; the employer paying his premium based on an industrial accident basis, and industrial conditions, with the idea of the premium being for the purpose of paying it, etc.

It would seem that this feature of applying the method of payment is much that would be in favor of the compensation boards and the employer and, while in the main the fee earned by the surgeon would reach its particular destination, yet we cannot doubt it would in many cases lead to a controversy, when some time had elapsed after the case had been settled and the employe forgetting or neglecting to pay his bill.

A business feature of compensation acts is essential, whether the bill is paid by the employer or employe and the suggestion is made that on several occasions commissions have commented on the poor business ability of our profession in not rendering prompt accounts for services rendered. We cannot help but see

the necessity of placing the payment of all compensation directly up to the employer or insurer.

The question of the limit of aid often involves the question of first aid and subsequent attendance and it has been my observation that a difference has arisen in the minds of many commissioners as to the necessity of too frequent visits and too frequent dressings.

Obviously the time is not far distant when the surgical instruction and experience in industrial cases must be brought to a higher standard of proficiency and that surgeons undertaking this branch of work must study the economic side from the view of the compensation laws, as well as the nature of income which he is to receiv from such compensation work. Over-zealous application to the patient in the nature of too frequent dressings, too frequent visits and over meddlesomeness, while they increase the number of visits and proportionately the income, must be criticized to the extent that such bills are frequently reduced when presented to commissioners or insurance companies for final payment.

The joint relationship of major surgical operations, which are smaller in number in accidental surgery in comparison to minor surgery, suggests the observation that laws in some states give the fee bill in major surgery as including the operation and subsequent treatment, while in minor surgery it offers the first aid and subsequent dressings, and that some commissioners would be pleased to have the entire matter arranged under operation and subsequent attendance included on a flat fee basis. It can readily be seen that no matter how much we argue pro and con we, as medical men, must come to some definit understanding thruout the entire Union as to a better basis of charging for our work.

Summary.

Workmen's compensation laws are here to stay. They are of immense benefit to the industrial community when properly drawn and properly applied. To the medical profession, from the point of effecting the physicians' recompense, they have the advantage of certainty of payment, a fair degree of continued

service thruout the year, offering an opportunity to take industrial accident work and at the same time carry on the usual everyday practice, especially in smaller communities where not under specific contract by corporations. This method of compensation under industrial laws tends to offer the opportunity to specialize and become more proficient on the part of those desiring to undertake this class of work.

A better understanding of the law in each individual state, under which the physicians and surgeons are working, will have a tendency to make possible a better compliance with the law and as a result have harmonious work establisht between the commission or board applying the law and the physicians of that state, and wherever unity among the physicians of the state is establisht legislativ co-operation must and will be brought about.

COMPENSATION LAWS AS APPLIED TO MEDICAL, SURGICAL AND HOSPITAL SERVICE.

Revised Table as Obtained from Amended Laws from Report of Commissions Obtainable to May, 1916.

ARIZONA.	Medical and surgical compensation is paid only if employe dies, leaving dependents. If workman leaves no widow, children or dependents, reasonable expense of medical attendance shall be paid. No provision is made for medical, surgical or hospital payment under the law.
CALIFORNIA.	Such medical, surgical and hospital treatment, including nursing, medicines, medical and surgical supplies, crutches and apparatus as may be reasonably required at time of injury and within 90 days thereafter.
COLORADO.	Must furnish medical, surgical and hospital treatment, medicines and surgical supplies, crutches, and apparatus for a period not exceeding 30 days and $100 in value.
CONNECTICUT.	Employer, as soon as he has knowledge of injury, shall provide a competent physician or surgeon to attend the injured employe, and in addition shall furnish such medical and surgical aid or hospital service as such physician or surgeon shall deem reasonable or necessary. Charges limited as prevail in community to similar treated persons of like standard of living when such treatment is paid for by the injured persons.

Illinois.	Employer shall provide necessary first aid medical, surgical and hospital service for a period not longer than 8 weeks, not to exceed $200.
Indiana.	The period of medical and surgical aid is extended for 30 days. No data obtained as to amount of compensation allowed.
Iowa.	At any time after an injury and until the expiration of two weeks, the employer, if so requested by the workman, or any one for him, or if so ordered by the court or Iowa Industrial Commissioner, shall furnish reasonable surgical, medical and hospital services and supplies, not exceeding $100.
Kansas.	Compensation paid only if employe dies, leaving no dependents, not to exceed $100, which shall include burial expenses.
Louisiana.	Medical and surgical aid furnisht for first 14 days, not to exceed in amount $100.
Maine.	Maximum $30 for first two weeks, which includes reasonable medical and hospital services and medicine; in case of major surgical operation additional cost is arranged between employer and employe.
Maryland.	Such medical, surgical or other attendance or treatment, nurse and hospital services, medicines, crutches and apparatus as may be required by the commission, not to exceed $150.
Massachusetts.	If employe leaves no dependents, reasonable expense of last sickness, which shall not exceed $200. (Burial expenses included in this amount.) Massachusetts has no fee bill, the amount being paid as is usual for case of like condition when paid by employe.
Missouri.	Liability of the employer for medical aid unlimited and in case he fails to furnish or tender the same, the employe, or some one for him, may make the employer liable therefor. Requires employer to pay for hospital service in public institution. Limits all charges for medical aid to such as are reasonable.
Michigan.	During first three weeks after injury the employer shall furnish, or cause to be furnisht, reasonable medical and hospital services and medicines when they are needed.

Minnesota.	Medical and surgical treatment, medical and surgical supplies, crutches and apparatus, not to exceed 90 days, to the amount of $100, except by order of court upon necessity being shown, shall furnish additional service not to exceed $200.
Montana.	Medical and surgical compensation paid to amount of $50 for period of two weeks.
Nebraska.	During first 21 days, reasonable medical and hospital services and medicines, not to exceed $200.
Nevada.	If employe leaves no dependents of any kind, expenses of his last sickness and burial shall be paid, not to exceed the sum of $125.
New Hampshire.	None. Compensation adjusted between employer and employe.
New Jersey.	First two weeks reasonable medical and hospital services and medicines as and when needed, not to exceed $50 in value, unless employe refuses to allow them to be furnisht by the employer.
New York.	Medical, surgical and hospital service, nurse, medicines, crutches and apparatus furnisht during 60 days after injury; fees and other charges for treatment regulated by commission and limited to such charges as prevail in the same community for similar treatment of injured persons of a like standard of living. Medical, nurse and hospital services and medicine, not to exceed the sum of $200 in any instance.
Ohio.	The Board has power to regulate the furnishing of medical nurse and hospital services to injured employes entitled thereto and for the payment therefor.
Oklahoma.	The period of compensation granted is 15 days. Amount granted for medical, surgical and hospital services not obtained.
Oregon.	Medical and surgical attendance and hospital accommodation, not to exceed $250 in any one case. Surgeons' industrial fee bill regulates charges to be made
Pennsylvania.	Medical, surgical and hospital services provided for first 14 days after injury, not to exceed in amount $25; except if major surgical operation is necessary, when $75 is allowed.

Rhode Island.	Reasonable medical and hospital service and medicines when needed provided for period of 2 weeks, but Rhode Island has no law fixing fee bills for physicians under Workmen's Compensation Act.
Texas.	During first week of injury, Association shall furnish reasonable medical aid, hospital services and medicines when needed, and if it does not furnish these immediately as and when needed it shall repay all sums reasonably paid or incurred for same.
Vermont.	Medical, surgical and hospital services furnisht for first 14 days, not to exceed in amount $75.
Washington.	None. First aid bill will be voted on at the next general election and if bill passes a fee bill will undoubtedly be adopted. At present no first aid or medical attention provision in the Washington Workmen's Compensation Act.
West Virginia.	Such sums for medical, surgical and hospital treatment as may reasonably be required, in any case not to exceed $150; provided in case of permanent disability that said disability can be reduced by surgical or medical treatment, the amount expended for medical, surgical or hospital treatment shall not exceed $300.
Wisconsin.	Medical, surgical and hospital treatment, medicines, medical and surgical supplies, crutches and apparatus for period not to exceed 90 days.

HEALTH INSURANCE.[1]

By JOHN B. ANDREWS, PH.D., New York, Secretary American Association for Labor Legislation.

Medicine has progrest far since doctors taught that the inflammation from a burn could be relieved by holding the affected part near a hot fire, and that the bruised head of a viper would cure snakebite. Knowledge and technique have abundantly progrest, but the pivotal change, I take it, has been the development of the scientific spirit. When Vesalius refused to hark back to authority for his theories, but appealed directly to the facts, guesswork and traditionalism lost respectability, and genuine research took their place. In the difficult field where medicine and sociology meet, the American Academy of Medicine has well upheld this ideal.

I feel at home in meeting you for this discussion because the organization I represent also approaches its problems in a scientific spirit. We endeavor to apply scientific methods to the subject of labor organization. We endeavor to base our action on careful study of experience. The scientific attitude also implies that we must consider the welfare of the whole country, for the future as well as for the present.

Perhaps the best evidence that we have succeeded in maintaining a scientific attitude toward labor problems is that we are occasionally criticised by employers as being too friendly to trade unions and again just as roundly condemned by certain representatives of labor as being too friendly to the employers.

The subject of our discussion is Health Insurance, with special reference to the model bill prepared by the Association for Labor Legislation. Perhaps I cannot do better in the beginning than explain to you why and how we drafted this legislation.

About seven years ago, you will remember, we began to give serious attention to workmen's compensation for industrial accidents. Investigations indicated that no fewer than 25,000 human lives were sacrificed each year in American industry.

[1] Read at the 41st Annual Meeting of the American Academy of Medicine, Detroit, June 9, 1916.

The list of serious injuries, incapacitating for a period of four weeks, or more, totalled about 700,000. Each year of productiv endeavor yielded as an incidental product some 45,000 widows and orphans. This truly was a social problem worthy of our best remedial efforts.

The coming of workmen's compensation, which in the short space of six years swept over 35 of our 50 states and territories, and over the federal government for its own employes, was revolutionary in its effects. Accident statistics suddenly became something more than a sorry joke. Information accumulated almost automatically. Millions of dollars, formerly spent in wasteful and contentious methods, were now available to care for the victims of accidents on a systematic, scientific basis. Even those who in the beginning opposed workmen's compensation as a legislativ proposal are now loyal adherents of it in practice. Both employes and employers as well as society in general have benefited. And perhaps the chief gain has been the continuous economic pressure toward accident prevention. Many employers, in coöperation with their employes and the agents of the state, are now preventing from one-half to two-thirds of their accidents which six years ago they regarded as inevitable. The coming of workmen's compensation gave impetus to the great movement for "Safety First."

As early as 1912 it had become evident to many people that this social insurance method of dealing successfully with industrial accidents would be extended before many years to another and no less serious contingency in the life of the worker. At the annual meeting of the Association for Labor Legislation, held in Boston that year, a national committee was provided to investigate the subject of workingmen's sickness. The members of that committee include leading authorities of the country on statistics, medicine, nursing, and social insurance.

EXTENT AND COST OF SICKNESS.

The committee found that about 3,000,000 persons in the United States are sick at any one time, and that each of our 30,000,000 wage-earners loses an average of approximately

nine days' work from this cause yearly, while the resultant yearly wage loss totals $500,000,000 and medical treatment costs an additional $180,000,000 annually.

This estimate of nine days' illness for each wage-earner is substantiated by the recent community sickness surveys carried out by the Metropolitan Life Insurance Company in Rochester, N. Y., and Trenton, N. J., which revealed an average of 8.5 days of disability a year for men and 9.4 days for women.

The enormous expenditure of $180,000,000 a year for medical care cannot be met by our industrial sick. An analysis made by the Boston Dispensary showed that only 17 per cent. of the families with which the institution was in touch received incomes from which they should be expected to pay for medical treatment beyond that necessary in childbirth and acute illness in the home. In the Rochester survey it was found that 39 per cent. of those who were sick had no physician in attendance; of those who were ill but able to work, 54.7 per cent. had no physician. In New York State, out of 300,000 patients cared for by 185 hospitals, 46 per cent. were taken as public charges or as free patients. In New York City alone, forty-six hospitals cared in one year for 69,000 patients, or 57 per cent. of their total, who paid nothing for their treatment. Yet the United Hospital Fund states that: "At present only one in ten persons seriously ill or injured in this city now gets treated in any hospital. For lack of proper treatment thousands lose their health and efficiency and become a burden to their friends and the community." Even the dispensaries of New York, with their 4,500,000 treatments yearly, fail to reach all of those who require their services.

Wage studies, furthermore, show that the slender savings of workingmen are inadequate to meet the wage loss due to sickness. A recent investigation of 700 sick wage-earners by the Russell Sage Foundation disclosed that in addition to using up savings the deprivation of income was met (1) by relief societies, (2) by relatives and friends, who were undermining their own health and strength in order to help others; (3) by employers and trade unions, and (4) by borrowing money, taking in lodgers,

sending the wife to work, committing children to institutions, and moving to cheaper quarters—all of which tend to reduce the standard of living and to multiply sickness. In 75 per cent. of the applications for aid to the New York Charity Organization Society, sickness was directly or indirectly responsible. About eight-tenths of the relief expenditure of the New York Association for Improving the Condition of the Poor is made necessary by sickness. In short, sickness was found to be a factor in seven times as much dependency as is industrial accident. The economic loss due to the impaired vitality of wage-earners, and to that of ill-nourisht and ill-cared-for children when they come to working age, cannot at present be accurately measured, but it must be considerable. Moreover, altho much of it is preventable, there are no signs that sickness in America is diminishing. On the contrary, deaths in middle life, due to degenerativ diseases, have increast in the United States 40 per cent. during the last twenty-three years. Until some means is found to prevent illness, and to distribute its cost, sickness will continue to produce destitution, dependency, inefficiency, waste, and death.

RESPONSIBILITY FOR SICKNESS.

The committee also found that responsibility for sickness may with justice be divided among three parties—the employer, the workman, and the state.

While not to the same extent as for industrial accidents, the employer is nevertheless largely responsible for the sickness which assails his workmen, and interferes with the stability of his working force. Every new man broken in, every man transferred from his regular work to take the place of a worker who is absent, represents a definit financial loss, and much of this loss is but the employer's chickens coming home to roost. Often by conditions common to his trade, such as monotony of work, speeding up, and a work-day of unhygienic length, and also by payment of wages inadequate for proper food, clothing, shelter, and recreation, he undermines the vigor and resisting powers of his workpeople, so that the omnipresent bacteria of

disease find the ground well prepared. Not infrequently, also, improper heating, inadequate dust removal, or the presence of lead, arsenic, mercury, wood alcohol, or any other of fifty-four well-known industrial poisons, cause illnesses whose occupational origin is even more direct and unmistakable. "A great many of our own industries," reports the New York Factory Investigating Commission, "are at present carried on under such abnormal conditions that they unduly increase the morbidity and mortality rate of the workers." The experience of the Leipsic health insurance fund shows a variation of from 20 to 65 per 1,000 in the sickness rate for different occupations.

This does not absolve the workman, however, from all complicity in his own ill health, particularly if he nails down the windows in his home on October 1st, or in the workroom refuses to use the respirators provided for him. An amusing story is told of some workers in a dusty white lead plant who would not use the shower baths until they were forced to run stript thru a wall of water in order to reach their street clothes. In the selection of food and of living quarters, in personal care and habits, the man who must bear the physical brunt of illness falls in many cases far short of utilizing to the full the facilities for health which are at his hand.

The state also is responsible for much of our sickness. Inadequate supervision of the water or milk supply may mean an epidemic of typhoid. Thus George A. Johnson, engineer, estimates that properly purifying the water of American cities would prevent about 45,000 cases of typhoid and 3,000 deaths annually, at a saving of $22,500,000 in the vital capital of the nation. Failure promptly to discover and isolate foci of contagious disease, as in the present threatening outbreak of infantile paralysis, endangers a whole community. Protection of the people's physique thru pure food laws is yet in its infancy. Unregulated housing conditions lead to the unsanitary slums of our large cities, and backward methods of garbage and sewage removal spread pestilence in their train. Towards encouraging and elevating standards of industrial hygiene the state has done much, but much more remains to be done.

The need of the hour is for some method of bringing persistently home to each of these three parties—the individual employer, the individual workman, and the state—a due sense of responsibility for the common burden of sickness, and of enlisting the eager services of each in a thoro-going campain of prevention.

INADEQUACY OF EXISTING HEALTH AGENCIES.

A careful survey, furthermore, convinced our committee that existing health agencies were woefully inadequate to meet the demands upon them either for cure or for prophylaxis. Fortunately the vast body of medical service is far above the level indicated by a recent advertisement in the Los Angeles *Times*, which ran:

> "PERSONAL—ARE YOU SICK? IF SO, BE made well by Chiropractic in exchange for ladies' or gentlemen's clothing. All kinds of diseases successfully treated. Phone SOUTH 5532."

Nevertheless it remains regretably true that the medical profession as a whole is not yet organized for the maximum of social service.

The tremendous development of medical science, in bulk, in variety, and in elaborateness of technique, has made possible cures which a generation ago were unthought of. But it has also brought about an era of specialization. It now often takes as many physicians to tend a patient as it takes tailors to make a man. One family has been known in the course of a year to engage the services of a laboratory worker, an X-ray man, a general physician, an oculist, a dentist, an orthopedic surgeon and a throat specialist.

Such specialized service is expensiv. It can be secured by the wealthy, to whom strict economy is not an object. It can also be secured, free or at merely nominal cost, by the very poor, in the clinics and dispensaries which, in spite of uncertain financial support, have multiplied seven-fold in the past decade and a half. The great bulk of the people, however, between these two extremes, are in the main cut off from the elaborate resources

of modern medicine. Some method is needed of placing these resources upon a sound financial basis and of throwing them open to the masses of the people.

POSSIBILITIES OF HEALTH INSURANCE.

Insurance against sickness has been successfully tried out in many older countries. Germany, Great Britain, Austria, Hungary, Russia, and five other European nations have for years been reaping the advantages of this method of meeting their sickness risk.

Thus, after three years' experience with compulsory health insurance, the British physicians confess that only since the passage of the national insurance act of 1911 have they been able to treat anemia among the working class. In Great Britain, also, the act has stimulated a powerful national crusade against tuberculosis. The first effect has been to increase the availability of hospital beds already in existence but previously inaccessible to workingmen; the second has been to increase the actual accommodations. Within two years after the initiation of the act in England there were 3,000 beds in process of construction, 150 tuberculosis officers had been appointed, 150 new tuberculosis dispensaries had been opened, and nearly 1,000 shelters for out-of-door sleeping had become available. During the initial eighteen months, 19,400 insured tuberculous persons were treated at home, 8,800 thru dispensaries, and 19,900 in institutions, making a total of 48,000 insured tuberculous persons who received treatment.

In Germany, where similar measures have been in operation twenty-five to thirty years, markt results have been achieved. There the health insurance law has placed within reach of the working people "resources of healing never dreamt of before." The invalidity funds, also, which afford benefit in case of prolonged disability, are empowered to prevent the impending invalidity of an insured person by requiring the member to undergo treatment. In addition the funds may promote general measures for the prevention of invalidity or for the improvement of the general health conditions of the population subject to insurance.

Under the provisions of the law, generous accommodations have been provided, so that, in 1910, 47,000 insured persons were cared for in sanatoria for an average of seventy-three days. In addition to the actual care of disease undertaken by the funds, they have been activ in a campain of prevention, in part thru health lectures and in part thru the promotion of improved housing. Because of the causal relation between housing and sickness, the invalidity funds have invested large sums in improved housing schemes.

Moreover, while life has recently lengthened in other European countries at a rate equivalent to five, ten, or even seventeen years a century, in Prussia it has lengthened in twenty-three years at the rate of twenty-five years a century for men and twenty-nine years a century for women. No small proportion of this increase must be attributed to the impulse toward the discovery and application of scientific medicine given by the health insurance law of 1883.

HISTORY OF MODEL BILL FOR HEALTH INSURANCE.

In June, 1913, the committee's work led to the calling of the first American Conference on Social Insurance in Chicago. Governors of the main industrial states appointed delegates, and the discussions were participated in by government and labor bureau officials, economists, employers, and commercial insurance men. During the summer of 1914 the committee issued a tentativ statement of the essential lines which it proposed to follow in drafting a model health insurance bill.

The importance of having people with medical training and experience coöperate in perfecting the medical features of the bill was early recognized, and by November, 1915, the American Medical Association had offered its assistance and appointed a committee of three. May I suggest that no more valuable service could be rendered to the cause of health insurance by the American Academy of Medicine at this meeting than the appointment of a similar committee?

In tentativ form 18,000 copies of the bill have been distributed thruout the country, and during the winter of 1915–1916 repeated

conferences were held for its final shaping before introduction in the state legislatures. Meanwhile words of encouragement came from all parts of the country. Almost simultaneously the measure was introduced in New York, Massachusetts, and New Jersey, and legislativ hearings early in March in the two former states lifted health insurance from the seclusion of academic discussion into the realm of practical politics. The Massachusetts campain has just resulted in the creation of a legislativ commission, similar to the social insurance commission appointed in California in 1915, to study the question and to report at the forthcoming session, and in at least twenty states preparations are under way for the introduction of this legislation in 1917.

PRINCIPAL PROVISIONS OF THE MODEL BILL.

The bill that we have workt out, as Professor Seager has concisely stated, contemplates compulsory health insurance, on the ground that experience everywhere has shown that voluntary insurance will not reach the classes which need it most. Those who are intelligent and foresighted enuf voluntarily to develop plans are not those over whom we need feel most concern. For others the system must be made obligatory if it is going to render the large social service of which it is capable.

The obligation to insure imposed by the bill is to apply to all manual workers, and also to all other employes earning not more than $1,200 a year. In addition, provision is made for the voluntary insurance of persons who desire to benefit by the economies of this great coöperativ plan and who are not included among those who must insure.

The benefits proposed are of five types. First, there are medical, surgical, and nursing benefits, medicines and surgical supplies, beginning on the first day of illness and continuing, if necessary, thru the twenty-six weeks in any one year during which cash benefits are to be paid.

The second chief benefit is the cash benefit, which the bill proposes as two-thirds of wages, beginning on the fourth day of illness and continuing during disability up to twenty-six weeks in any one year.

A third type of benefits is hospital or sanatorium care, where this is prescribed, or desired, with the consent of the physician. In that case the cash benefit to the dependent members of the family is to be reduced to one-third of wages.

A fourth benefit is the maternity benefit, which is to consist of medical care for the mother, and, in the case of insured women, of a cash benefit, for not more than eight weeks, on the ground that this is a kind of disability from capacity to earn wages, comparable with illness, and that the need for support during this period for wage-earning women is as great as in the case of ordinary illness. Indeed, this need is especially great because of our legal situation, since in some states we prohibit women from gainful employment for a certain period of time before or after child-birth, and therefore deprive them, if they are wage-earners, of their usual source of income.

Finally, there is provision for a funeral benefit of not more than $50. Funeral benefits, as a matter of fact, are the benefits most eagerly desired by our wage-earners. The working men and women of New York State alone, for instance, paid in 1915 to four commercial insurance companies more than $29,000,000 for industrial insurance, which practically amounted to mere burial benefits.

The requisite funds for the proposed benefits are to be contributed two-fifths by the employer, two-fifths by the employe, and one-fifth by the state. In view of what has been said regarding the occupational factors in illness, it has been thought that this contribution of two-fifths from the employer is not excessiv. Moreover, as Professor Seager has well pointed out, it is justified by the importance of enlisting the employer's interest in the whole program and his intelligent coöperation in the administration of the insurance fund. Our experience with workmen's compensation acts shows how much can be accomplisht when we make it financially profitable. If we are to start a "Health First!" campain comparable with the "Safety First!" campain that is now so well launcht we must make health a paying investment for all in a position to promote it.

It would not, however, be just to require the employer to pay

all of the cost of health insurance, as he now rightfully does of accident compensation. The employe's personal habits are responsible for much of his own illness. Thru financial interest the workman himself must be aroused to exercise more care for his own health, to discourage malingering, and to coöperate intelligently in the fair and economic administration of the funds. Unless the worker contributes to the fund, it is hard to see how he could be given voice and vote in its administration.

It is believed also that the state should bear about one-fifth of the financial burden, which is probably not much more than it is already paying in crude and uncoördinated attempts at public health work, in public hospitals and sanatoriums, and in charitable relief to the destitute victims of unprevented disease.

The administration of the plan, as proposed by the bill, is to be vested in local mutual insurance societies, to be supervised by a social insurance commission for the whole state. These local insurance societies are to be governed by representatives elected in equal number by the employers and employes concerned. Employer and employes are to select members of a large committee, the same number from each side; this large committee is to select a smaller board of directors for the insurance society. As you will observ, this is practically the German plan, and our confidence that it will operate well in this country when establisht is based upon observation of its success in Germany. We see no reason why in the administration of such a system there should be anything but the most cordial coöperation. The employer would have no motiv for hampering the efficiency of the plan. On the contrary, we believe that his advice and assistance will aid it.

This is to be the general type of administrativ organization. To supplement it, provision is made for the organization of trade societies in localities where there are enuf individual employes in particular trades to make that administrativ unit of sufficient size. Then there is provision for voluntary organizations, such as we have at present—labor unions, establishment funds, and the like—provided that they meet at all points the requirements of the law, comply with regulations of the social insurance com-

mission designed to hold them up to the standards which the law prescribes, and that they are financially sound.

The details of the social insurance commission, the central body to have supervision over the whole system, are left rather shady in the provisional draft bill, because we think this must be adapted to special conditions in the different states that adopt the system. It is proposed, however, that the commission shall consist of three members; that their position shall be non-political as far as possible, and that their tenure of office shall be long enuf to insure continuity of service and the right type of commissioner.

OBJECTIONS TO MODEL BILL.

Objections to the model health insurance bill have come in the main from three groups.

A few employers have objected on the ground that the additional burden would "drive industry out of the state." Careful calculations show, however, that the employer's contribution will equal but a little more than 1 per cent. of pay roll, and so slight an expense need not jeopardize any industry. Moreover, this is the same argument which was made a few years ago against workmen's compensation, and we have yet to learn of a single industry which has left any state because of the burden of compensation payments. In fact, under the New York State compensation law, the most liberal in the world, it has been found that the total cost to employers is actually less than it was under the old liability system. Few would go back to the old system; and on the other hand many are already in favor of health insurance.

Certain representatives of trade unions have entered protest, usually not against the purposes or principle of the measure, but against the provision that the workers contribute to the insurance funds. In other words, they are willing to receive the benefits, but are unwilling to bear their share of the expense. Needless to say, a system supported solely by the state and by the employers cannot be as liberal or as efficient as one in which the injured persons themselves meet a just portion of the expense and participate in the management.

From a certain element of physicians, also, dissent has been heard. These practitioners, largely "lodge doctors," agree with the principle of universal health insurance and, in common with the leaders of the profession, recognize it as inevitable within the next few years. Their opposition is directed at minor administrativ details in which they fear that their interests may not have been sufficiently safeguarded. As the movement for health insurance develops they will be given full opportunity to present their concrete suggestions, and there is no doubt that as is now the case in Germany and in England, the medical men of the country will soon stand as a unit in support of this twentieth century device for coöperation within the profession.

CONCLUSION.

This, then, is the situation: For our present waste and suffering thru uncheckt disease there is a threefold responsibility, shared in by employer, employe, and the state. Each of these three has a compelling interest, perhaps only dimly glimpsed as yet, in the prevention of preventable disease and in the prompt succor and relief of that which cannot yet be prevented. For the attainment of these purposes the three interested parties must be welded together in a progressiv, educational, health movement, and such a movement can be called into being only thru a comprehensiv plan of health insurance with its burdens equitably distributed.

UNEMPLOYMENT INSURANCE.[1]

By Rufus M. Potts, Springfield, Ill., Insurance Superintendent, State of Illinois.

The branches of insurance which your association has under consideration this afternoon, are now collectively termed "social insurance," but were formerly called "workingmen's insurance." The latter term, however, dropt out of use, being inappropriate, because such insurance was used by many other classes than manual workers.

I believe the name social insurance is unsuitable also. The association of ideas causing its use is rather far-fetcht, but worse, it has, for the general public at least, an unfavorable and erroneous association with the name of the political party called Socialists. The effect of this in producing a hostile initial attitude in the minds of most members of other political parties, is as bad as if it were called Republican, Progressiv, Democratic, or Prohibition insurance. For these and other reasons, I believe it highly desirable to have a new collectiv name of these branches of insurance, and I propose "Welfare Insurance." This name is accurate, for it describes fully and correctly the aim of all of the kinds of insurance included. Neither has it any hurtful association with the name of any political party or doctrine. Welfare insurance, then, is the use of insurance principles and methods for the purpose of supplying pecuniary resources necessary to maintain each citizen of the United States, in a state of well-being, thruout the various misfortunes and emergencies of life which would otherwise destroy his well-being and cause in its place destitution and suffering.

I believe that the substitution of the name welfare insurance for social insurance would be of immense service in bringing about its favorable consideration by the people in general and its ultimate adoption which can only be secured thru their approval.

Turning to unemployment insurance, that branch of welfare insurance which is my subject, we find that in the earliest stages

[1] Read at the 41st Annual Meeting of the American Academy of Medicine, Detroit, June 9, 1916.

of civilization, there was no unemployment problem. Slaves did most of the work and their complaint was not lack of work, but too much work. In such nations, however, as the ancient Hebrews, where there was little slavery, but where sufficient industrial development had occurred, so that some men could not alone do all their work, but found it necessary to hire others, the two economic classes of employer and employe came into existence and maladjustment between the needs and wishes of the two classes inevitably arose. On the employer's side, this was lack of sufficient workers or of competent workers, and often occurred. On the employe's side the imperfect adaptation was lack of remunerativ employment, which attracted attention nineteen hundred years ago, for it was mentioned by our Saviour in his parable about the laborers in the vineyard as follows:

> And about the eleventh hour he went out and found others standing idle and saith unto them: Why stand ye here all the day idle? They say unto him, Because no man hath hired us.[1]

It is an industrial phenomenon entirely independent of race or country. Over a thousand years ago, Wang Ngan Shih, a Chinese statesman, enunciated a set of fundamental principles, based on the experience of that nation, which he held should be observed by governments. One of these was:

"A state should insure work for workmen," which shows that unemployment even at that early time, had become a problem in China.[2]

In considering unemployment then, we are not dealing with a new problem, but the rapid changes in the methods of industry during the past 150 years, sometimes called the "industrial revolution," have caused it to attract more attention from law makers and students of public affairs than formerly. This increast attention is also partly due to the steady growth of democracy thruout the world and to the invention and adoption of new and more humane and effectiv methods for dealing with misfortune and relieving or mitigating resulting human misery.

Unemployment is a word which is its own definition, for any-

[1] Matthew, 20: 6–7.

[2] China Revolutionized, J. S. Thomson, p. 557.

one knowing the English language understands that it is the state of not being engaged in useful and remunerativ labor. Unemployment is of two kinds: voluntary, where the individual does not have the desire to work; and involuntary unemployment, where the individual is willing to work and able to work, but cannot get work. The first class may be called "won't works," the second class "can't find works." What proportion of the unemployed belong to the "won't works" and what to the "can't find works," is not shown by general statistics. In the winter of 1913–14, however, a special study was made of two thousand unemployed men in the municipal lodging houses of New York City. From this it appeared that about 35 per cent. of those homeless men were unemployable. Some of these were physically and mentally disabled, others habitual loafers, confirmed beggars or petty criminals. The remaining 65 per cent. were willing and able to work. The proportions of these two classes vary from time to time. In good times, such as prevail at present, the unemployed will be practically all "won't works," while in hard times, a great majority will be "can't find works."

Any extended discussion of measures for dealing with *voluntary unemployment* do not come within the scope of this article. The physically disabled should be relieved by charity. The much more numerous class of vagrants and incorrigible loafers; the vicious and criminal should be firmly dealt with by being placed in farm colonies or other institutions where they can be and will be compelled to work, at least sufficiently, to produce the food and supply the other necessities of their useless existence.

Our attitude should be very different toward those unfortunate workers who are suffering from involuntary unemployment; who are able and willing to work but cannot find work. Our first inquiry as to them should be to find, if possible, what are the causes of their involuntary unemployment.

Unemployment arises from the incapacity of industry to absorb the whole supply of labor at any given time. A brief study of the cause of this incapacity will convince everyone, that the waves of great prevalence of unemployment occurring at intervals of several years called "hard times," as well as the consider-

able amount of chronic involuntary unemployment, are in the last analysis due almost wholly to the imperfect adjustment of production to demand. The organization of industry is still crude, awkward and full of defects, so that irregularities continually occur in the amount of work offered. There is no inherent necessity that this should be so. If production and distribution were properly adjusted, there would always be a demand sufficient to consume all the time, all the products, that all the workers of the world could produce. You will, I believe, realize the truth of this in a moment without extended argument, if you reflect how practically limitless are human wants and desires. I do not suppose there is any man or woman in this audience, much less in the general population, who is able to obtain all the commodities that he or she desires. Altho it is easy to see that every member of this audience is clothed in fine raiment and no doubt each fares sumptuously, and rides in automobiles every day, nevertheless, I doubt not that each of you cherishes unfulfilled wishes for things someone else could make, and would be glad to make, and sell you.

I know, you know, everybody knows, that even in our own fortunate land which is not afflicted by war, or pestilence, where the most fertile soil produces perennially in rich abundance, there are to-day thousands, yes millions, who can only get scanty and unpalatable food, who can only secure the poorest and coarsest clothing, who in sickness must go without physician's and nurse's care. There are many, many more who have a fair measure of these necessaries, yet live barren lives without books, or music or opportunity of recreation or travel and innumerable other things which make life pleasant. This infinit number of legitimate but unfulfilled wishes and needs, proves that it is only by reason of serious defects in our present industrial and social organization, that anyone willing to work to supply these needs, is unemployed.

Subsidiary causes of involuntary unemployment are lack of knowledge of the worker where work is; lack of means whereby the worker can transfer himself cheaply and rapidly from one job to another; seasonal occupations; the temporary displace-

ment of workers by new machinery; lack of adaptability to new work on account of old age or mental or physical weakness; lack of industrial training, either in youth or adult life; over-specialization which confines the chances of employment to small subdivisions and particular operations of industry; and irregular buying habits of consumers. All of these causes of unemployment are absolutely beyond the control of the individual worker and can only be regulated by collectiv action.

The effect of unemployment and the resulting lack of proper food, etc., upon workers does not require any extended description or explanation, least of all to physiologists. The human organism, unfortunately, is not like a steam engine in which the fires can be extinguisht and then allowed to stand cold without expense until put to work again. The human mechanism requires continuous supplies of fuel in the form of food, as well as clothing, and other necessaries. If it once stops and grows cold, the most expert physician in the world cannot start it again. Unemployment inevitably causes suffering and deterioration, and is always followed by an increase in pauperism and crime, and so is a direct economic loss. In those cases where the worker has been able to accumulate some money in a savings bank, by investment in a home, or otherwise, as long as such resource holds out, neither he nor his family will endure physical sufferings. But there is a great number who have no such accumulations, and such as do have them, must exhaust them sooner or later, so that poverty and hunger are certain unless some means of prevention or relief can be found.

Before proceeding to the consideration of the methods of dealing with unemployment, we should have some reliable information as to the amount of unemployment during the whole year, and at the particular seasons of the year. When we come to examine this branch of the subject, we find, however, that there are no such statistics covering the whole of the United States and but little for smaller areas.

Even with all the facilities at the command of the United States Bureau of Labor Statistics, its Chief is obliged to say:

To the frequent question as to the amount of unemployment in this country the reply must be made that the statistics do not make possible any estimate of the number of unemployed persons in the United States at any time.[1]

Some statistics have been accumulated in New York and Massachusetts as to unemployment among the members of labor unions, but they cover only a part of the working population and show such discrepant results that no general inferences can be drawn from them.

They have, however, some value as being for two typical industrial states representing the best that has so far been obtained in the line of unemployment statistics in the United States covering as much as a whole state, so that I present them for what they are worth.

It will be observed that these tables show a wide difference between the results in these two adjoining states; I have not seen any reasons given for this and I am unable to suggest any myself.

NUMBER AND PERCENTAGE OF MEMBERS OF LABOR UNIONS IDLE IN THE STATE OF NEW YORK AT END OF MARCH AND SEPTEMBER, 1897 TO 1911.

	Idle at the end of March.			Idle at the end of September.		
YEARS.	Number in all unions.	Percentage in all unions.	Percentage in representative unions.	Number in all unions.	Percentage in all unions.	Percentage in representative unions.
1897.....	43,654	30.6	..	23,230	13.8	..
1898.....	38,857	21.0	..	22,485	10.3	..
1899.....	31,751	18.3	..	9,590	4.7	..
1900.....	44,336	20.0	..	31,460	13.3	..
1901.....	42,244	18.5	..	18,617	6.9	..
1902.....	36,710	13.6	17.3	18,377	5.7	6.3
1903.....	41,941	12.1	17.6	33,063	9.0	9.4
1904.....	101,886	27.6	27.1	36,605	9.8	12.0
1905.....	54,916	15.1	19.2	17,903	4.8	5.9
1906.....	37,237	9.9	11.6	21,573	5.7	6.3
1907.....	77,269	19.1	18.3	42,658	10.5	12.3
1908.....	138,131	35.7	37.5	80,576	22.5	24.6
1909.....	74,543	21.1	23.0	36,968	10.3	14.5
1910.....	62,851	16.1	22.6	63,106	13.6	12.5
1911.....	96,608	20.3	25.6	50,390	10.8	11.2

[1] Bulletin 109, U. S. Bureau of Labor, p. 6 (1912).

NUMBER AND MEMBERSHIP OF LABOR ORGANIZATIONS REPORTING AND NUMBER OF MEMBERS AND PERCENTAGE OF MEMBERSHIP IDLE AT END OF QUARTERS SPECIFIED, MASSACHUSETTS, 1908 TO 1911.

Quarter ending.	Number unions.	Reporting members.	Idle at end of quarter.	
			Members.	Percentages.
Mar. 31, 1908	256	66,968	11,987	17.90
June 30, 1908	493	72,815	10,490	14.41
Sept. 30, 1908	651	83,969	8,918	10.62
Dec. 31, 1908	770	102,941	14,345	13.94
Mar. 31, 1909	777	105,059	11,997	11.42
June 30, 1909	780	105,944	6,736	6.36
Sept. 30, 1909	797	113,464	5,451	4.80
Dec. 31, 1909	830	107,689	10,084	9.36
Mar. 31, 1910	837	117,082	8,262	7.06
June 30, 1910	841	121,849	8,518	6.99
Sept. 30, 1910	845	118,781	6,624	5.58
Dec. 31, 1910	862	122,621	12,517	10.21
Mar. 31, 1911	889	122,002	12,738	10.44
June 30, 1911	897	135,202	8,927	6.60
Sept. 30, 1911	975	133,540	7,527	5.64
Dec. 30, 1911	905	125,484	12,167	9.70

An attempt has been made to get some idea of the amount of unemployment by another method. Taking a selected list of manufacturers for the year 1909 according to the reports of the Census Bureau, a table was constructed which gives what percentages the employment for the month of least employment in them all, was of the amount of employment in the month of greatest employment. This list contains 261 industries and shows that on an average the amount of employment in the month of least employment was 88.6 per cent. of the amount of employment in the month of greatest employment; that is—11.4 per cent. of unemployment in the worst month. The average number employed during the year in the manufacturies concerned in the above list was 6,615,046, so that in them the total unemployed in the worst month was approximately the immense number of 754,000.[1]

A witness at a hearing before a Congressional Committee, who testified that she had been engaged in the study of the question of unemployment for eight years in Europe and the United States,

[1] Testimony of Miss Juliet Stuart Poyntz, pp. 52, 60 and 61, Report of Hearings before Committee of Labor, House of Representatives, 64th Congress, 1st Session, on H. J. Res. 159.

says, in relation to the relativ amount of unemployment in the United States compared with other countries:

I would like also to say that the problem in America is more serious than in Europe. Not more than 10 or 15 years ago it was the general belief that there was no problem of unemployment in America such as there was in Europe. As a matter of fact, it is a much greater problem here than in Europe. The percentages of trade-union unemployment in New York and Massachusetts indicate that American unemployment rises to heights that are unknown in Europe; that if unemployment is an evil in Europe it is a much vaster and more serious evil in America. It might be pointed out that speculation makes industrial changes much more rapid in this country and that transitions in our industries result in greater fluctuations. There are great fluctuations in all the industries affected by style, as, for instance, in the garment and boot and shoe industries, which are developt in this country to a much greater extent than in Europe. Unemployment is peculiarly our problem. If all the countries of Europe have been interested in this problem, America should be certainly. During the great crises which have swept over the countries of Europe within the last two decades the trade-union unemployment percentages have rarely risen above 10 per cent., whereas in the United States the general percentage of unemployment has risen above 20 and even 30 per cent.[1]

According to the census of 1900, the number of persons unemployed at some time during that year was 6,468,364, of whom 3,177,735 lost from one to three months, and 2,554,923 from 4 to 6 months.[2]

According to the census of 1910 there were in round numbers, 6,000,000 persons who were unemployed at some time during the year, but concerning these figures, the Commissioner of the Bureau of Labor Statistics says:

In regard to the amount of unemployment we know almost nothing. Those figures by the census are estimated, at best. They are taken in the month of April, and in that month the various people interviewed by the various agents of the Census Bureau are required to estimate if they were out of employment during the past year, and if so, how long. Now, I submit that that is extremely precarious data upon which to build any very elaborate superstructure, for those estimates are extremely inaccurate for they include guesses at all unemployment from all causes—voluntary idleness for the purpose of taking a vacation, idleness due to sickness or other disability,

[1] Testimony of Miss Juliet Stuart Poyntz, pp. 60 and 61, Report of Hearings before Committee of Labor, House of Representatives, 64th Congress, 1st Session, on H. J. Res. 159.

[2] Testimony, Dr. B. A. Sekely, p. 15, Rep. of Hearings before Committee of Labor, House of Representatives, 64th Congress, 1st Session, on H. R. 5783.

idleness due to strikes or lockouts—in short, the census figures include everything that was in your mind, I think, when you put your question, Mr. Congressman.

Nobody knows whether 6,000,000 people were out of employment part of the year 1910, or whether 10,000,000 people were out of employment part of the year, and nobody knows anything about the industries and occupations affected, and nobody knows anything about the periods of idleness of these men and the causes of idleness.[1]

More valuable information can be obtained from more limited investigations of unemployment. In the early part of 1915, the United States Bureau of Labor Statistics made a complete census of 104 representativ city blocks located in various sections of New York City, the less populated as well as the more congested section, and in addition of families living in 3703 individual tenement houses and residences also widely distributed. This showed that 16.2 per cent. of the wage earners in these families were unemployed, and on this basis it was estimated that the total number of unemployed in New York at that time was approximately 398,000. In January, 1915, the Metropolitan Life Insurance Company made a census of all the families which held industrial policies in that Company in greater New York thru the agents who make the weekly collections. This showed that 18 per cent. of the wage earners in the families canvast (37,062) were unemployed. The same company also made a similar canvas of its policy holders in northeastern New Jersey adjacent to New York City, including Bayonne, Bloomfield, Newark, Hoboken, Irvington, Jersey City, Orange and Union Hill. In these cities it was found that 14.8 per cent. of the wage earners were unemployed. It is, of course, certain that the conditions at present are quite different from those existing at that time. About all that statistics establish is that at certain times there are, in the United States, immense numbers of unemployed workers, sometimes running up into millions. This much is absolutely certain and should be sufficient to convince us that unemployment causes immense undeserved suffering and also to impel us to earnestly seek remedies. The best way to deal

[1] Testimony, Mr. Royal Meeker, p. 29, Report of Hearings before Committee of Labor, House of Representatives, 64th Congress, 1st Session, on H. R. 5783.

with unemployment like disease is by prevention. It is a hundred times better to prevent workers being thrown out of work when possible, or to at once furnish them another position, than merely attempt to relieve their destitution resulting from unemployment.

Since, as we have seen, the fundamental causes of unemployment are defects in our industrial and economic organization and the irregularities of labor demand resulting therefrom, the primary thing is to reorganize our industrial and economic systems so that these irregularities will not occur. This is the great question of the present age, but unfortunately no agreement has been reacht about what should be done, or how it should be begun, altho numerous political parties have written platform planks about it and innumerable politicians, reformers, statesmen, filanthropists, religious teachers and filosofers, have given it their earnest attention. I will, of course, not attempt to solve this *problema problematorum* (problem of problem) for you this afternoon, but will leave it for those earnest souls bravely struggling with it. I will only venture to suggest that much has been done to regularize labor demand, by the voluntary efforts of employers to so carry on their factories or other industrial enterprises, that their working people will be furnisht employment thruout the year. In those industries where the irregularities arise from the seasonal causes, as in agriculture, construction work, building trades, etc., something can be done by arranging industries so that when one stops another will take its place, and furnish employment to the workers. In the building industries, for instance, it ought to be feasible to employ the workers during the winter season in sawing lumber, making structural iron work, brick under cover and other building material to be used by the same workmen in erecting buildings the coming summer. The problem of the agricultural laborer is of course more difficult, but if American agriculture was carried on as it should be, so that the products of the soil were manufactured on each farm into eggs, meat, canned goods, dairy and other finisht food products, work could be found for most of the workers thruout the whole of the year, and at the same time the re-

turns to the farmer would be increast, and impoverishment of the land by shipping away the grain and forage raised thereon prevented. These are merely random suggestions. It would require many years of careful study and experimentation to work out a complete system but I believe it can be done and, in connection with agricultural co-operation, would do more for our farmers, and incidentally for all classes, than any other one thing conceivable.

One of the indispensable prerequisites to such industrial regularization is the improvement and cheapening of all branches of our transportation system. This will aid both in the transportation of workers from place to place, and by the continuous, rapid and cheap transportation of the products of farming and other industries in small parcels direct to consumers, instead of irregularly by carloads and by trainloads, as at the present time, to one middleman after another.

Another, and probably the most important, means of preventing unemployment is the organization of a complete network of efficient free labor agencies covering the whole United States with complete records of all calls for workers everywhere, so that the willing worker can readily find the places where his services are in demand. There should also be some provision, by which a laborer traveling to find work could do so at very cheap railroad fares, and find very low-priced and wholesome board and lodging while doing so. Such a system of labor exchanges has been developt in Germany where it has been of immense service. In the management of the German bureaus are included representatives of all classes concerned, and combined with them are frequently shelter, lunch rooms, waiting rooms, reading rooms, etc.

There is spent in the United States, at the present time, in support of various labor agencies, exchanges, etc., public and private, an amount of money sufficient to support a nation-wide and efficient system, if it was properly organized under one management with full correlation by immediate telefonic or telegrafic exchange of information between all parts of the United States. I believe that this can only be effectivly done by the

national government. The labor demand, like commercial demand, is no respector of state boundaries. In order to find work, laborers must pass freely from state to state and this they can only do when they have the information covering all of the states available at any labor exchange where they may happen to be, and while of course it is theoretically possible to exchange information between state employment agencies, practically, such a system could not accomplish the purpose with any approach to the efficiency of a national system.

Another method of lessening unemployment is the carrying on of such work as building canals, highways, harbor improvement, irrigation and drainage works, reforestation and many other kinds of public work during slack times. This, of course, would involv planning ahead and thoro organization of all of these governmental activities, but if sufficient political and social foresight were used, great relief would be afforded in panics when millions of workers are suddenly thrown out of employment.

Interesting suggestions concerning relief by public works, etc., are given by the recommendations made by the Unemployment Advisory Board of New South Wales, calling for the creation of:

1. A national intelligence department for men and women.
2. Labor depots, where the unemployed can be temporarily sheltered and employed.
3. Industrial farm settlements—an expansion of the labor depot, where the men are given work and technical instruction.
4. Assisted settlement blocks, where the men who graduate from the industrial farm settlements are given farms of their own.
5. Compulsory labor farms for the vagrants.
6. Subsidies to mineral prospectors, advances to settlers, allotment of land to societies formed to settle coöperativly, treasury advances for the establishment of coöperativ industries in the assisted settlement blocks, and instructions in agriculture in the primary schools.

Another method of dealing with unemployment is so-called "relief work." This is something done solely for the purpose of furnishing support to the unemployed. It has not been very successful and is usually considered as a disguised form of charity.

But in some of the industrial crises such as that of 1907, something of the kind appeared to be necessary.[1]

For dealing with such unemployment as remains after a faithful application of such preventiv measures as I have just described, instead of charity the most effectiv way is by insurance methods. I suppose there is not a person here who does not have some understanding of the theory of insurance so I will only need to say that insurance in general is a legitimate and well tested business method which by collecting contributions from each one of a large number of individuals liable to suffer loss from uncertain occurrences creates a fund, out of which the losses to such of those individuals to whom the contingency occurs will be paid, and in this way distributes thruout the whole number insured the burden to the few unfortunates actually suffering loss.

The late Chief Justice Ricks, of the Supreme Court of Illinois, in the course of a decision involving the question of the interest of the public in it, gave the following eloquent characterization of the business of insurance which I cannot improve on:

> The business of insurance is the outgrowth of time and the demands and necessities of the public. It extends into and covers almost every branch of business and all the relations of life, and is applied to all the hazards of business in life where a basis of risk and compensation can be estimated. In all the stages of life, from the cradle to the grave, it asserts an interest and offers succor and aid. In the business enterprises, whether by land or sea; in the possessions of men, from a pane of glass to the mansion or the factory; in his undertakings involving every chance, misfortune, moral turpitude or the act of God, it demands admission and promises indemnity, reward or gain. It poses as the faithful and zealous trustee of his earnings and savings, and promises to the widow and orphan a guaranty against misery and want. It intercedes between principal and agent, master and servant, contractor and owner, and insures against loss from almost any and every cause. It is a public necessity that deals in its own credit for a cash consideration from the assured, and is stamped with public interest, and must yield obedience to necessary and proper regulations by the State in the exercise of its police power.[2]

[1] A very instructiv account of the practical and effectiv methods in use in Switzerland for dealing with the unemployment problem is contained in an article by Edith Sellers in Nineteenth Century 64:763 reprinted in volume on Unemployment in "Debaters Handbook Series."

[2] North American Ins. Co. *vs.* Yates, 214 Ill. 272 (275).

Altho, there are, of course, difficulties, there is no inherent impossibility in making provision against the effects of unemployment by insurance methods. This is proven by the fact that a nation-wide unemployment insurance system is now in successful operation in England, with local unemployment insurance systems in various other European countries, while even in the United States this function is to some extent fulfilled by some of the labor unions.

Unemployment insurance may be carried on in two ways: the voluntary and the compulsory. The voluntary form is carried on by associations or organizations of workers in a particular industry or trade, and usually is a part of the activities of an ordinary trade union which collects benefit funds to be paid to its members when out of employment. In some places in Europe these voluntary associations are subsidized or given aid by the state, the city or other political division. This subsidy is usually in the form of a certain percentage thereof added to the contribution made by the organization. This is usually known as the Ghent system because it was first used in the Belgian city of that name. The contribution by Ghent was 60 per cent. of the amount contributed by the Union. The city also maintains a municipal labor exchange in the management of which the unions and the employers have equal representation. Any workman desiring to obtain the unemployment benefit must report at the Labor Exchange that he is unemployed and it endeavors to find work for him. Not until the bureau has failed to obtain work for him can the workman obtain money from the unemployment insurance fund. This plan or some modification has been adopted in many of the cities of Belgium, twenty-five cities in Holland, twenty in France, ten in Germany, three in Italy and two in Switzerland.

In favor of the Ghent or similar system, are the ease with which it can be administered thru existing agencies of labor unions, and the fact that all claims go thru the hands of union officers who are familiar with all the features of the labor market, in the trade in which the applicant works, which diminishes opportunities of fraud, and that it results in encouragement of

individual thrift and initiativ, because it only helps those who are willing to help themselves.

On the other hand, it is urged by some that it is wholly improper for the government to subsidize labor unions as in the Ghent plan, because, according to their own statement, they are fighting organizations, so that subsidies out of public fund would amount to taxing employers to pay the expense of men who are opposing them, which would be absolutely unjust. Also that the cost of a system of unemployment insurance is very heavy, and if carried on in such a manner, as not to amount to subsidizing idlers and shirkers, would require practices and inquisitorial methods which would create immense dissatisfaction, and probably be impossible under our form of government where the recipients are voters and have political power, which would be ceaselessly exerted in their own favor.

Extreme individualists take exception to the compulsory features which are necessary to make a success of any branch of welfare insurance, but above all, are necessary in unemployment insurance. It is absolutely useless to expect that any form of unemployment insurance will be taken advantage of or benefit a large part of the classes most needing it, unless it is made compulsory in character.

Dr. S. S. Huebner, Professor of Insurance and Commerce in the University of Pennsylvania, and one of the leading authorities on insurance in the United States at the present time, in a recent address states that insurance protection for wage earners cannot be left to voluntary action either by commercial companies or by the government.

The present voluntary state life insurance plans of Massachusetts and Wisconsin, altho sound in principle and safe financially and carried on at cost, have made practically no headway. The reasons for compulsory welfare insurance are the same as those for compulsory education, compulsory sanitary measures, compulsory food inspection and compulsory fire precautions, and are no more an unwarranted interference with the liberty of a citizen than are these and other compulsions to which every

good citizen willingly submits because they are for the benefit of the whole community, including himself.

As the density of population and complexity of civilization increases, certain limitations of liberty of action become absolutely necessary under even the freest and most democratic form of government that can be devised. Under even the most attractiv and secure plan of voluntary unemployment insurance, and also of other branches of welfare insurance, that could be devised, there would be a large proportion of thoughtless spendthrifts who would fail to take advantage of it to make provision for themselves, or their families. There should be no reluctance for the state to apply compulsion to those so wanting in foresight and sense of parental responsibility as not to make provision for themselves and families, and such a course would not, I believe, offend the strong individualistic characteristics of the people of the United States when once the true purpose and immense advantages of welfare insurance are understood by them.

Against these and possibly other disadvantages of unemployment insurance there are many benefits which, I believe, under a properly planned and safeguarded system, far outweigh the disadvantages. The first and greatest of these is, that it prevents undeserved suffering and destitution. There is nothing which should more strongly engage our sympathies than the spectacle of a man who is able and honestly willing to work, to get the means to support himself and his family, but who is not able to find such work. There is no situation which causes more undeserved, helpless suffering. A system of unemployment insurance, even tho accompanied by difficulties which can prevent or even measurably mitigate this misery, is worthy of careful trial.

Another benefit is that unemployment insurance by furnishing support, when none is otherwise available, will preserv the physical health and the moral character of the worker. Good physical health and efficiency can only be maintained by a regular and adequate supply of food, clothing and proper shelter. Men and their families must have something to eat every day; they must have clothes to wear; they must have shelter and warmth, and if unable to gain these thru their own exertion,

some will be driven to crime; others will become the unwilling recipients of charity. Charity in the proper cases, and occasionally, is perhaps a blessing both to the giver and to the receiver, but if long continued, as it would have to be to support all the unemployed under modern industrial conditions, would become an insupportable burden to givers, and as I have already maintained, a source of degradation and pauperization to the recipient. Human nature being what it is, it is unfortunately true that there is a certain proportion of men and women, who, when they find that charitable relief will be always forthcoming and become accustomed to receive the same, entirely lose the motiv to work and practically cease to work, depending on public or private charity.

This discreditable side of human nature long ago attracted the attention of wise men. The author of the book of Ecclesiastes wrote:

> All the labor of a man is for his mouth.[1]

And in Proverbs it is said:

> He that laboreth, laboreth for himself; for his mouth craveth it of him.[2]

The hunger motiv is the only one that will drive a great many men to work, and if this is eliminated by undiscriminating charity, such men will cease to work at all, and become able-bodied unemployables. Fortunately, as civilization and education advance, a constantly increasing proportion of mankind become amenable to other and higher motivs than hunger, but there is still, and will be for a long time, those who will, whenever possible, gain a living by begging or stealing, instead of working, even when abundant work is offered. For this class our scorn and contempt can hardly be too great, and all social plans should take into account this class and include measures which will compel them to work to support their useless existence instead of allowing them to longer beg or steal, much less furnish them with a pension thru unemployment or other welfare insurance paid for by forced contributions from the labor of willing workers.

The effect of unemployment insurance money received by the

[1] Ecclesiastes, 6:7.
[2] Proverbs, 16:26.

worker is entirely different from charitable relief. Because he has contributed directly or indirectly to create the fund from which he is paid, there is no loss of self-respect.

Another benefit of unemployment insurance is that it will mitigate industrial crises by maintaining the consuming power of the worker. May I be permitted to say in passing, that I believe that the Federal reserv currency plan now in force has already proven and will prove in the future to be an exceedingly important factor in preventing or at least diminishing commercial crises, commonly called "hard times." Owing to their immensely greater numbers, the working classes consume by far the greater part of the products of all the industries, and when this consuming capacity is diminisht by the unemployment of any considerable part of the laboring classes, by an industrial crisis, such crisis is thereby aggravated. If only purchasing power for the necessaries of life, such as food and fuel, were maintained, it would go a long way to lessen all industrial crises, altho, of course, we all recognize that there are many other contributory factors which must be eliminated before their recurrence can be completely prevented.

Unemployment insurance would also operate as a direct preventiv of unemployment, because it would be a direct financial inducement to the employer to furnish regular work. In the English unemployment insurance system there is provision made for a markt reduction of the amount of contribution required from the employer if he furnishes regular employment to his workmen thruout the year and this reward should be a part of every unemployment insurance system. The preventiv effect of unemployment insurance will be comparable to that in favor of accident prevention, caused by workmen's compensation insurance.

When we come to consider whether we should choose the voluntary form, or the compulsory form, of unemployment insurance in the United States, we find that practically nothing has been done in unemployment insurance by voluntary methods, excepting thru the labor unions. This is a very important and beneficial branch of their work, but it, of course, is impossible

for them to aid those outside their membership and this membership is only a small per cent. of all workers. So far as I know there is no hope in any quarter that, outside of labor unions, unemployment insurance would or could be made successful on the voluntary plan. The only alternativ is compulsory unemployment insurance. If this is adopted, it must be carried on by the state or United States, for two reasons. First, in order to avoid the excessiv and unreasonable expense of all insurance by commercial methods, and in the second place, because the only hope of making unemployment insurance a success is, as heretofore explained, by having it carried on as the integral part of a nation-wide system of labor exchanges or agencies.[1]

As the result of investigation into the subject of fire insurance which I began in 1914, I have arrived at the conclusion as stated in my report on that subject, that on account of the excessiv expense incident to the present method of conducting the fire insurance business, and particularly owing to the existence of a nation-wide fire insurance combine, or trust, of the most oppressiv kind, which controls practically all of the fire insurance business of the United States and enforces exorbitant rates everywhere, the fire insurance business should be conducted by the different states or by the United States. The fire insurance combine is able to do this, because under modern commercial and industrial conditions where business is largely done on credit, fire insurance is compulsory; practically as much so as if required by statute. This fact enables the trust to enforce its exactions. The same thing would happen if unemployment insurance was made compulsory but conducted by commercial

[1] As Chairman of the Social Insurance Committee of the National Convention of Insurance Commissioners I have been carrying on an investigation into the entire subject of welfare and social insurance and I have in preparation an extensiv report on the subject. This has not yet been publisht but extensiv extracts from it have been printed as an appendix to my testimony given on April 6, 1916, before the Committee on Labor of the House of Representatives in relation to the joint resolution to create a commission to study social insurance and unemployment. (Hearing before the Committee on Labor, House of Representatives, Sixty-fourth Congress, First Session on H. J. Res. 159, April 6 and 11, 1916.)

Until the printed supply of the report of the hearing is exhausted, copies of it can be obtained by those desiring a full and detailed discussion of the subject by applying to your Congressman.

interests, and the same reasons require that unemployment insurance should be carried on by the state or United States as a part of the general system of welfare insurance. I believe there would be little hope of successful unemployment insurance unless it was carried on by the United States. Of course, there will be strenuous objections from the financial and insurance interests to this being done as well as to any other form of state insurance, but these objections are entirely selfish in their origin and entitled to little consideration from those who have the welfare of the nation and its workers really at heart. The argument is the same as that used 1900 years ago by the idol makers against the great Apostle Paul in the riot which they stirred up when he preacht against idolatry in Ephesus.

"Sirs," cried their leader, Demetrius, the silversmith, as the climax of his harangue, "ye know by this craft we have our wealth."[1]

The danger to their source of easy wealth is at the bottom of all the outcry of the insurance interests against any form of state insurance.

A typical example of these miserably selfish appeals appears in a recent issue of one of the most widely circulated insurance periodicals in the form of an editorial on social insurance designed to arouse all insurance interests against it, in the course of which the writer says:

> Doubtless some agents may find employment as state inspectors and sleuths, but Othello's occupation will be gone for the great majority. *For these reasons every insurance man in every branch is vitally concerned to oppose the "social" propaganda at every step.* For his own safety he should consider himself in the advanced trenches whenever state insurance is proposed in any branch. The strongest lever exerted for any of the "social" branches is that it will "eliminate expense." Expense can only be eliminated in one way. That is by taking the work required to be done away from those now engaged in doing it, and throwing it compulsorily on every citizen.[2]

In any plan of unemployment insurance, particular attention should be given to prevention of fraud and imposition, and also to prevent the steady workers from being taxt to support the

[1] Acts, 19:25.

[2] Insurance Field (Life Edition), May 12, 1916, p. 3.

idle and thriftless. This can be effectually accomplisht by proper provisions and careful administration.

I am certain that by careful study aided by experience, a plan of unemployment insurance can be workt out which will be just and beneficial to both employers and employes and of immense advantage to the community in general. This, together with other branches of welfare insurance, I believe, is the most important group of questions before the people of the United States to-day. It contains more promise of increasing their welfare and diminishing their misery than any other movement I know of. I am indeed pleased to learn from the interest which has been manifested in your discussions here to-day on these subjects, that your Academy is taking the lead in the movement for social justice by earnestly taking up the subject of welfare insurance, which I regard as the most important means of aiding in this great work. I am greatly honored in having been invited to address you concerning it and hope what I have been able to say, in the short time allotted to me, may cause you all to study and investigate it still farther. Your great profession has already done untold good to humanity by mitigating suffering and preventing disease, and it has the opportunity of further serving mankind by assisting in making welfare insurance a beneficent reality.

THE RELATION OF MEDICAL BENEFITS OF HEALTH INSURANCE TO EXISTING HEALTH AGENCIES.[1]

By B. S. Warren, M.D., Washington, D. C., Surgeon, U. S. Public Health Service.

Without an adequate medical service—clinical and preventiv—health insurance will fail of its best results. By providing a substantial part of the wages and medical treatment during sickness it will no doubt, as a relief measure, prove satisfactory to the welfare workers, the employers, and the employes, but without adequate provision for the prevention of disease it will not prove to be a public health measure. Each of the groups of people mentioned see, at close range, the damage done by disease and that the damage is greatest among the group of low paid workers who are least able to bear the burden.

The welfare workers' field lies mainly among the group of low paid wage earners and, in their feeling of helplessness among so much suffering, the idea of health insurance has come like a ray of hope for the solution of problems that appeared well-nigh hopeless.

The employer has found from experience of idle machines or from machines running at lessened output by inexperienced operators, that sickness is expensiv and whether he has sought to remedy this as a matter of economy or filanthropy he will find in health insurance a business-like method of meeting this situation.

The employes may not be afraid of death, they may not be much concerned about accidents, "but they dread the thought of illness," and will find that "the only way this matter can be handled properly so that the most necessitous will be provided for is thru universal compulsory state health insurance."[2]

That group, who are interested in bringing about industrial peace, will doubtless find in health insurance, a common ground on which employer and employe can meet in agreement and thru

[1] Read at the 41st Annual Meeting of the American Academy of Medicine, Detroit, June 9, 1916.

[2] Royal Meeker, Commissioner of Labor Statistics, U. S. Department of Labor, Address before International Association of Industrial Accidents Boards and Commissions, Columbus, Ohio. The Survey, May 20, 1916, p. 205.

these agreements they have reason to believe that peace in other fields will be promoted.

In this way health insurance will have wonderful results as a relief measure, and will no doubt measure up to the expectations of those who advocate it on this account. But as stated above, it will fail of its best results if an adequate medical service—clinical and preventiv—is not provided. On the other hand, with proper provision for such a service, health insurance will be a public health measure farther reaching than any that has ever yet been enacted into law. It is on this account that it attracts the attention of health authorities. At present the fight for better health is one which is carried on at a great disadvantage. Health departments, national, state, and local, and volunteer health organizations are all suffering from the lack of men and money. Men trained in disease-prevention are too few, but if health agencies had regular and sufficient appropriations the men would soon be at hand.

In this connection it is of importance to present some estimate of the sum of money that the contributions to a complete health insurance system would amount to each year. There were approximately 30,000,000 wage earners in the United States according to the census of 1910. It has been tentatively stated that the contributions to the insurance funds would not have to exceed 50 cents per week per employe. According to these estimates the total sum contributed annually would be more than three-quarters of a billion dollars. It therefore becomes a problem as to the best method to cut down sickness and save a large proportion of this enormous sum. All health agencies realize that much sickness can and should be prevented. It will be to these preventiv agencies that the people contributing these millions will sooner or later turn for relief.

Experience with workmen's compensation laws has clearly demonstrated that the "safety first" movement is one of the best results of these laws. Just as the laws which fixt the price and responsibility for industrial accidents resulted in "safety first," just so surely will health insurance laws, which make similar provisions with respect to sickness, result in a movement for disease-

prevention. Furthermore, the demand for disease-prevention will probably be as much greater than the "safety first" movement as the loss from sickness is greater than that from accident.

Why then provide a health insurance system without adequate machinery for disease-prevention? If one of the principle arguments for the measure is its effects in promoting health, surely then every effort should be made to bring into its operation the aid of the health agencies of the country.

Up to the present time there is no experience in this or foreign countries which has been satisfactory as to the provision for proper co-ordination of the administration of the medical benefits with other health agencies. In Germany there was so much friction between health insurance administrativ bodies and the doctors that a "doctors' strike" resulted; this strike was only temporarily settled by a compromise known as the "Berlin Agreement." This agreement was made early in 1914; the war began soon afterward and interrupted further action. In Great Britain the health insurance act provides for governmental administration of medical benefits and the free choice by insured persons of doctors registered on "the panels." This provision and the acceptance of disability certificates signed by physicians of the insured persons, choice has, however, resulted in an improper drain upon the funds and it is freely admitted that doctors have been entirely too complaisant in signing certificates of disability.

In the bills introduced into the several state legislatures in this country the German plan of administration of medical benefits has been followed and no provision has been made for correlating the system with health agencies.

The public and those framing health insurance laws should realize the necessity of making proper provision for the administration of the medical benefits so that the best results may be obtained for the prevention as well as for the relief of diseases. They should profit by the mistakes made in the German and English acts. One reason for the mistakes made, is the lack of understanding on the part of those framing the laws. They treat the whole matter as the doctor's problem, taking it for granted that all doctors of medicine are doctors of public health and have

made no provision for utilizing health agencies except possibly in the matter of the prevention of tuberculosis.

To write into the law adequate provisions for the relief and prevention of sickness, the law makers should advise with doctors of public health and doctors of medicine as well as employers, employes, and welfare-workers. Surely some plan can be workt out by which adequate medical and surgical relief in home or hospital can be provided, one by which the doctors will receive every inducement to render his best services in the relief and prevention of sickness, and by which all health agencies can be brought into the system and use made of their specialists in disease-prevention.

The following outline of a plan for bringing about proper coordination between health insurance systems and other health agencies was adopted by the Fourteenth Annual Conference of State and Territorial Health Officers with the United States Public Health Service, May 13–15, 1916:

There must be a close connection of the administration of any health insurance system with the health agencies of the country and with the medical profession. It is believed that this can be done along three lines: (1) By providing efficient staffs of medical officers in the federal and state health departments, to carry into effect the regulations issued by the central governing boards or commissions; (2) by providing a fair and sufficient incentiv for the activ co-operation of the medical profession; and (3) by providing for a close co-operation of the health insurance system with state, municipal, and local health departments and boards.

Corps of Full-time Medical Officers.—In view of the experience in both Europe and America, it would seem best to place the administration of the medical benefits directly under governmental agencies and to insert a provision that no cash benefits be paid except on the certificate of medical officers of the national and state health departments acting as medical referes under the regulations of the central governing board or commission. Such medical officers should be selected according to civil service methods. Since these officers are the representatives of the health departments in the funds, their selection and appointment should also be based upon their knowledge of preventiv as well as of clinical medicine. After a probationary period of service satisfactory to the health administration they should be given permanent appointment, subject to removal only for inefficiency or immoral conduct. One of their duties should be to examine each disabled beneficiary and keep themselves informed as to the progress of his recovery. It is need-

less to say that the referes should not be permitted to engage in private practice.

Free Choice of Registered Physicians.—With such a check on the payment of cash benefits, the medical and surgical treatment provided for beneficiaries could safely be left to the physician of the patient's choice, and payment made on a capitation basis regardless of whether the patient was sick or well, after the manner of the English national insurance act. This method of selection and payment of physicians for the medical and surgical relief would offer every incentiv to them to keep their patients well and to endeavor to please by rendering their most efficient service.

Hospitals and Dispensaries.—In addition to the provision for home treatment by the physician of the patient's choice, provision should be made for hospital and dispensary treatment and to this end hospital and dispensary units should be establisht or contracted with, where the very best medical and surgical service would be available for all insured persons.

Value of Such Plan in Disease-Prevention.—The greatest value of such a system of administration of the medical benefits would be in the splendid opportunity it would offer for preventing disease among the insured persons and their families, by the organized corps of medical officers, and the improved medical and surgical treatment. It would be thru the corps of full time medical officers of the health department acting as referes, that the health insurance system would be linkt up with other health agencies. It is not necessary to relate here the advantages which would arise from the visits of such specially trained men into the homes of all sick persons. Nor is it necessary to tell how these officers, acting as health officers, could further lower the sick rate. The objection could not be raised that such a corps would be too expensiv. It would not require more than one such medical officer to approximately every 4,000 insured persons and at that rate they could more than save their salaries by relieving insurance funds from paying unjust claims. Furthermore, while an estimate cannot be made of the amount to be saved by their efforts in the way of lowering the sick rate, it is safe to say that it would amount to many times more than the sum of their salaries.[1]

With such a system funds would be provided and every existing health agency and newly created agencies could be utilized and fitted into its proper place and all work together without duplication of effort. Above all there would be a financial incentiv given to each interested group to prevent sickness.

The employer, who found that he was contributing more per

[1] This description of plan for administration of medical benefits is taken from the report of the Standing Committee of the Conference of State and Territorial Health Officers with the United States Public Health Service.

employe per year than his competitor, would doubtless inquire into the cause of the difference.

The employe, who learned that his neighbor working in the same kind of trade was paying less dues than himself, would also be very likely to inquire into the cause of the difference.

The doctor, who found his patients were sick so much that he was not able to attend as many insured persons as his brother doctor, would have a financial incentiv to look into the cause of the difference and remove it.

The city or town, which found that a neighboring city or town was providing adequate hospital and dispensary treatment for its insured persons and not only obtaining more efficient diagnosis and treatment but obtaining it at a less cost, would doubtless establish similar institutions.

The state, which found from the returns that its tax rate for sickness was in excess of a neighboring state, would have reasons for making this an issue in the next election.

The United States Public Health Service, when the reports, for example, showed a markt difference in the sick rate of an iron and steel town in Pennsylvania as compared with such a town in Alabama, would be very likely to order the responsible officers to Washington to explain the differences.

The final result would be that health would be placed on a competitiv basis in the political and business worlds. This too, after providing for the co-operation of all the agencies for the promotion of health so that all would work in harmony, and form one complete health machine.

Above all there would be a financial incentiv to all interested groups to prevent disease. To do this they would be willing to spend money realizing that it would be a good investment. At present it may be generally recognized that to spend money to prevent disease is a good investment, but there is no administration whereby the ones who make the investment can be sure of obtaining the profits when earned. Health insurance will provide this and what is more to the point, it will provide the money, there will be over three-quarters of a billion dollars each year for the relief and prevention of sickness. This will eliminate

the question of obtaining appropriations, which now takes up much of the time of all health organizations. At present contributions and appropriations for health work are so uncertain and irregular that definit plans for the work cannot be made and carried out with anything like the degree of efficiency and success as obtains in other lines of business.

With sufficient funds and the machinery at hand thru which the health agencies can work effectively and continuously with the insurance agencies, there will develop a system of research into the cause of sickness as has never been seen before.

The records of disease will be so complete that not only the immediate diagnosis will be known but also the working and living conditions which may be operating as remote causes of sickness. All will be brought under the microscopic observation of the trained men from the health department—not for a single day but for each day in the year.

It is in this particular relation that a health insurance system if not properly correlated with health agencies will fail of its greatest benefits, whereas if properly correlated it will prove to be a public health measure of extraordinary value in improving the health and efficiency of the 30,000,000 wage earners in the United States.

DISCUSSION.

Dr. Robert B. Harkness, Houghton, Michigan (read by Dr. Grayson):

To cover the subject of workmen's compensation, a recital of the arguments for and against should properly be presented; it would seem unnecessary at this date to be obliged to present the case at length; fathered some 35 years ago by powerful statesmen largely interested for political reasons, a realization of its tremendous value was gradually forced upon people generally and in the following years it has become a part of the laws of some forty nations, or parts of nations, including about two-thirds of the states of the United States. Its history would seem to establish its value.

During this time social insurance against sickness, which became an activ issue about the same time as workmen's insurance, has made slower progress and has not always been a complete success. Its value cannot be doubted; statistics presented by capable and unprejudiced persons are conclusive and the arguments advanced in its favor apparently unanswerable. Statis-

ties and argument should not be necessary to convince the man who comes in contact with sickness among working people that some form of relief is necessary and if a given form of sickness insurance does not seem to be perfectly suited to our conditions, nevertheless those at present suggested have a minimum of flaws and should be supported.

There can be no doubt that people want some form of insurance against sickness—the rush to join lodges that promise medical attendance in almost any form is evidence of this; this type of insurance is not available to the person most in need of it—that is, the man whose wages are barely equal to his necessary expenditures and who prefers to trust to luck rather than submit himself and family to the necessary hardship which the payment of monthly dues to such a society would necessitate.

The matter of medical attention as furnished by lodges has received consideration by the medical societies; many of them are on record as opposed to it and with some reason. One must realize, however, that this is a phase of social insurance, represents the trend of the times, and should be controlled rather than violently opposed; this type of practise properly conducted has much to recommend it in spite of its limitations.

Social insurance against accident and sickness has as an important aim the decrease of sickness and accidents by impressing upon the employer the saving to him brought about by this decrease; by the method of carrying out the workmen's compensation in this country this aim is largely defeated; the employer insures himself with a liability company, pays his premiums, and thereafter is not compelled to give much heed to accidents if he does not care to do so.

It is becoming customary to have a thorough physical examination of men applying for work with careful concerns; men not physically perfect even though fit for the job applied for are usually rejected. Until recently a one-eyed man had extreme difficulty in getting work because there had been no authoritativ answer in this State to the question of the liability in his case if he should lose the remaining eye; that is, should compensation be upon the basis of the loss of a single eye or on total loss of sight?

The definition of "disability" in drafts of health insurance acts before various legislatures is given as "inability to pursue the usual gainful occupation;" under this definition the man who has received an injury and is so far recovered as to work at something else but not at his original job may remain technically disabled. A case of this sort under the compensation law has come to my knowledge recently; a man who had a broken leg has so far recovered as to be free from pain and while incapable of working at his old job which requires standing all day, is capable of working at an equally gainful job; he prefers to do nothing, or work about his house, and draw compensation. The definition of "disability" might well be "inability to pursue the usual or equally gainful occupation."

The important question of malingering should receive a great deal of con-

sideration; there can be no doubt that the amounts paid under workmen's compensation acts would be startlingly less if this unpleasant factor could be eliminated.

Any safeguard which may be erected against malingering is protecting accident and sickness insurance against what is probably the greatest menace to its successful operation.

Dr. John L. Heffron, Syracuse:

I am not competent to discuss the papers. I wish, however, to express my gratitude to those who have taken part in the program for coming here and presenting papers which, it seems to me, combined, would make about the best text-book on welfare insurance that it would be possible to secure. I think we have been strongly impresst with the fact that insurance is a science and that to be intelligent on the subject of insurance against these various forms of disability we must put ourselves into a studious frame of mind and inform ourselves in regard to the principle of insurance and the various methods of administration of insurance which have been carried out effectively here and in foreign nations.

The number of problems represented by these papers is very, very great. The question of administration of insurance is one of the very greatest importance. The splendid paper of Dr. Warren, in which a way out has been suggested, is of very great value. It is in contrast with statements which I have lately heard in regard to the administration of insurance against sickness and which were to the effect that, if such insurance should be adopted in the various states, the administration of the insurance ought to be turned over to experts in insurance. I suppose it is correct, that expert administration is essential to success, but that need not mean that social insurance should be turned over to insurance companies. One of the difficulties in the State of New York has been the division of the burden of the insurance between the employer, the employe and the state. I suppose Dr. Andrews knows of experiments being tried in this connection in various large industrial concerns. I happened to be in Akron this winter at the Goodrich manufactory where they employ 16,000 people and have 1600 employes in the offices. The head of that business told me that last November they inaugurated at their own expense a complete system for the care of the health of their employes and that up to the time I was there the benefits which had accrued to the company had not only met the expenses of this care but had exceeded it by a considerable sum. They did not feel, therefore, the necessity of putting any of the burden upon the employe or the state.

As a result of such a condition of affairs it is the town's comment that a man cannot get a place in the Goodrich concern unless somebody dies. I think in all probability that concern is not the only one carrying out that experiment on their own hook.

I am particularly grateful for this discussion and for this splendid series

of papers upon this subject, and I wish in this connection to express my gratitude to Surgeon-General Blue for very willingly consenting to have Dr. Warren come here and present this valuable paper.

Dr. J. E. Tuckerman, Cleveland:

These papers are evidence of a very healthful state of mind. The medical profession, at least, so far as the rank and file are concerned, has been rather backward in realizing that certain types of insurance were inevitable. Some of us in Ohio five years ago endeavored to get our associates to realize that workmen's compensation was coming. We could not get them to see it, and consequently the profession is suffering the penalty of this negligence. That penalty is, of course, that while we have a fairly good law, we find that no matter how admirable a law may be, its administration may be such that the best results are not obtained. It was a mistake to assume that physicians generally were going to be paid their small fees, and a cutting down of bills has caused much hard feeling. So generally is this so in the larger cities that specialists are refusing to coöperate in consultation on certain cases of industrial accident, particularly of the eyes. Altho the law as written does in large measure protect the employer against the suits afterward, it in no way gives any protection to the physician who may be subjected to suit for alleged malpractice.

Personally, I have felt that industrial insurance should be a direct charge against the industry. I am not so sure that sickness insurance should also be a charge against the industry; probably a man should pay from his earnings a small portion, not necessarily one-half, for the purpose of getting his activ coöperation.

I am interested to know whether Dr. Andrews has discovered any tendency on the part of the industrial insurance companies to oppose the plan suggested by him, inasmuch as his statement shows that it would take away from them and give to the state a considerable amount of business which the companies now have.

These papers would have been incomplete without the paper which we heard last. It is the first time I have heard given any comprehensiv scheme whereby the activ coöperation of the practicing physician could be obtained in forwarding the aim of health measures such as we have in mind. I judge the idea is to have the physician paid according to the number of individuals treated and not according to the case or nature of the particular service. I can see no way to get away from that final solution. The important thing is for physicians to recognize that the problem must be met and to meet it in the spirit of coöperation rather than of opposition.

One of the other papers brought up a point which interested me not a little. Mr. Potts mentioned that there were certain underlying elements other than

the mere question of health insurance which had to do with the question of unemployment. Certainly there is no greater loss to a community than the loss of a man's labor. Machinery can be restored, but a day's labor gone is absolutely lost to the community. I was much interested to note that Mr. Potts advocated something that was indicated a number of years ago, which shows that the world does move. A certain gentleman from Ohio, heading what was known as "Coxey's Army," marcht to Washington for no other purpose whatever than to induce the United States Government to take notice of the fact that it would be a good thing in times of industrial depression to employ the unemployed upon public works of permanent character.

I do not care to take up the time of this body upon the question of taxation, but there must be a changed attitude on the part of and a study by physicians and other professional men of the question of taxation. None of these plans can be put into operation without a proper solution of the problem of taxation. Such funds as the state shall contribute must be so raised as not to penalize the individual or firm engaged in activ production. It is a curious system which makes it possible that a man who builds a building and employs labor should be immediately penalized for having made a public improvement and having rendered a public service by increasing the opportunity for employment.

Dr. George A. Hare, Fresno, Cal.:

I do not think that the American Academy of Medicine or any other organization has ever listened to a more intelligent discussion of the broad aspects of insurance than we have had presented to-day. To me the subject has been an intensely interesting one. Upon the western coast this question is claiming a great deal of attention, and the discussion this afternoon has been exceedingly direct and edifying.

Dr. Van Sickle, closing:

There are four great bodies in the United States concerned in this social study: (1) The State, in which we might include the United States Government; (2) Capital; (3) Labor; (4) The medical profession. These various papers touch vitally one of these four organizations. They have brought out things which we as a small body should not keep to ourselves; the literature should be given the widest publicity. I feel that in Dr. Andrews' statement we have something which the profession at large must appreciate, that the health insurance shall not only take in the employer, employe and insurance carrier, but that there shall be in these conferences a representativ of the medical profession, so that these four bodies shall be represented.

Dr. Andrews' suggestion of social insurance against sickness would certainly reliev the state and local municipalities of a large amount of expense from pauperism. If social insurance is to operate upon the scheme of the

smallest cost to the greatest number we must have coöperation. Dr. Andrews brought to our minds the fact that there is a continuous demand for coöperation of medical men which can be brought about only by action of all the bodies. We have a lot of men who are like workmen in regard to the labor union, medical men who do not belong to these bodies. These are the men whom we must get together for discussion of the subject. This audience, while small, has an opportunity to do good missionary work in this field.

Dr. Andrews, closing:

I have noted three or four points which I shall mention without going into the matter at length. It is very significant, I think, that Dr. Van Sickle, coming from Pennsylvania, has made out strongly the point that the administrativ commissions should be given greater discretion in granting additional medical aid. This is especially true in Pennsylvania under workmen's compensation. No other state is limited so severely, to $25 and two weeks for medical aid. That allowance, of course, is so utterly inadequate that all friends of workmen's compensation regret seeing Pennsylvania pass such a bill. Medical aid ought, I believe, to be "reasonable." The administrativ commission ought to have the power to say that all the medical aid necessary—and necessary is reasonable—should be given, and not a two weeks' or $25 maximum.

As Dr. Van Sickle has said, the smallness of the medical fee under social insurance is counterbalanced by the fact that payment is certain when the plan is properly workt out. In the third edition of the tentativ health insurance bill of the Association for Labor Legislation the medical experts who are coöperating with us in drafting the measure discuss this question of remunerating physicians. These medical experts have not reacht definit conclusions, but offer for discussion four possible methods, including a compromise, which has workt well elsewhere, between the capitation and the visitation systems. Under this plan a total sum, calculated on a per capita basis, is distributed among physicians in accordance with the services rendered by each. This plan seems to combine the advantages of both systems mentioned, and to counteract some of their obvious disadvantages. As Dr. Alexander Lambert, chairman of the social insurance committee of the American Medical Association, points out, the plan presents a known charge on the insurance funds, makes it possible for physicians to check those few of their colleagues who might make unnecessary visits, and may prove a financial stimulus to preventiv medicine, since the fewer visits the entire body of physicians is called upon to make the more they will be paid for each visit.

Dr. Warren, who has been doing excellent work in public health matters, approaches the problem of medical control under health insurance from the standpoint, as he frankly states, of a public health officer. There are, however, other groups, outside of the public health officers, who take a different view of the manner in which health insurance should be administered. Many

physicians are not yet willing to put the whole matter into the hands of the health officers, and as one speaker has said, to do so might in some places lead to an undesirable association with politics. In the opinion of many prominent medical men, the work of examining claimants, issuing certificates of disability, and supervising medical care generally, is best performed by medical officers employed by the insurance carriers themselves.

A very interesting statement was made by another speaker about an establishment fund in a concern in Akron, Ohio. Investigators have records of a large number of such enterprises. We must realize, however, that these funds establisht by the employer here and there all over the country are not going to reach the worst part of the problem. Only the most prosperous employers are likely to feel that they can assume this service. Then, too, there is the disadvantage of the physical examination instituted by the employer, which has become a very vital issue in this country. Under workmen's compensation, for instance, many employers hire a physician to make physical examinations of applicants for work. The employer thus has in his hands information which enables him arbitrarily to hire and to fire. Many times, for example, it may be said that there is something the matter with a workman's heart, whereas it may be that the man in charge is more actively interested in preventing union organization in the plant than in safeguarding the physical condition of the applicant. In health insurance, on the contrary, with employer and employe paying equal amounts, the situation no longer exists under which the employer's hired physician has all the say and the employe no say. The employe has an equal voice, and that to my mind is the only answer to the objection to physical examinations.

In conclusion, it seems clear from the discussion this afternoon that we are on the way toward greater coöperation among all of the different interests in this matter and are working out a practical plan for compulsory health insurance. I believe that is the thing we should emphasize now. Let us get together, present our ideas, and draft a bill which next year we can all get behind and be proud of.

Mr. Potts, closing:

I do not feel that I can add to anything that has been said. I am fully in accord with the spirit of the meeting; the coöperation suggested is that which brings success to all undertaking. I appreciate your calling me again, but I feel I can say nothing further. Thank you.

Dr. Warren, closing:

I fear I did not make myself exactly clear about the Health Department from what Dr. Andrews said. I did not propose to put any great part of the administration of the medical benefits under the health departments. I would provide for federating all of the local funds with a federated directorate composed of equal number of employers and employes in certain dis-

tricts, such as he has outlined in his plan, and let them as a federated body administer the medical benefits instead of the local fund. In other words, we would have a wholesale medical benefit with less overhead expense than would obtain by permitting each local fund to operate independently. The only way in which I would link up the health department would be by detailing to those federated bodies, medical officers of health departments to act as medical referes and relieve the practicing physician of the responsibility of signing the disability certificate. A plan somewhat similar to this is followed by the Public Health Service and the Immigration Service in which our medical officer issues the certificate of disability. Such certificate is referred to the administrativ board which passes on the question of admitting or of deporting the immigrant. That plan suggested to my mind the practicability of its being used to solve this problem. The medical officer, therefore, from the health department would have little to say in the administration of funds, but would advise upon disability and issue the certificate. The insured persons would have the right of appeal to the federated body and to the Commissions. The doctors of the public health department could also act as advisors to the federated body in the matter of disease-prevention. I did not mean that the health department should take over the administration. As to the statement of Dr. Andrews that in medical matters "pus and politics" went hand in hand, I will say that with proper efficiency tests prior to appointment and as often thereafter as may be necessary to maintain the medical corps at the highest level of effectivness, I believe we can avoid the defects he points out. I feel certain that this plan of appointment in an important executiv department of the state is calculated to obtain better medical referes than the method proposed in the model bill in which it is proposed that the local carriers each employ a doctor, in which local politics is more liable to bring all of the evils he dreads in the health department. His method would also lose all of the advantages of a mobile corps formation. Furthermore, doctors employed by the carriers could not act as referes, because they would be the employes of one of the parties at interest and liable to some bias on that account.

SOCIAL INSURANCE.

At the Detroit meeting so much interest was shown in this subject that articles and information on Social Insurance will for the present form a separate department of this Journal. The several forms of "Welfare Insurance" will so closely affect physicians, employers, employes, and all the people that (especially in view of pending legislation) this problem of sociologic medicine should call forth lively discussion.—EDITOR.

IMPORTANT NOTICE.

The Committee on Social Insurance, appointed by the President of the American Academy of Medicine, hopes to be the means of benefit to the profession by increasing interest and furnishing items of up-to-date information in these new fields of medical practice. The members of the Academy may be of great help to this Committee by furnishing the Chairman with items of latest information relativ to Industrial Insurance, Health Insurance, Accident Insurance, Maternity Insurance and all allied subjects. This Committee wishes to publish a report in the December number of the Journal. This appeal is made to the members of the Academy with the hope that an increast interest may be manifested. Communications may be made to the Chairman of the Committee, Dr. Frederick L. Van Sickle, Olyphant, Pa., or to the office of the Journal, Easton, Pa.

ILL HEALTH FROM THE SOCIOLOGICAL POINT OF VIEW.

Ill health from a sociological point of view is set forth in the brief in support of health insurance recently publisht from its New York office by the American Association for Labor Legislation. Ill health among American wage earners, it is stated, involves an average of 9 days of sickness per person per year; a national wage loss of $366,000,000 to $500,000,000, and is accompanied by high death rates—twice that of professional men.

The high sickness and mortality rates are shown to be the result of industrial strain. The notable New York Factory Investigating Commission found that in New York many industries were carried on under conditions injurious to health. In Ohio in no less than 68 per cent. of the thousand or so establish-

ments investigated, dust represented a health hazard. The cotton mills of Massachusetts show clearly the effects of cotton dust upon health—one of the least injurious of the various dusts which many factory workers are compelled to breathe. Men employed in the cotton mills of Fall River have twice as high a death rate from tuberculosis as those not employed in the mills. Among women operatives the death rate from this cause is four times that of non-operatives.

The so-called "degenerativ diseases" are, according to the experience in Massachusetts of the Metropolitan Life Insurance Company, slightly higher among its policy holders than among the general population. The reactions of industrial conditions are, of course, often magnified by conditions over which the worker or the state has control.

For illness the American workman too frequently is powerless to make provision. Various investigators have found that the margin for savings is small on the wages paid, while the alternativ provision—insurance—is carried by a minority of the workmen, and usually only by the better paid who have less need of this coöperativ protection. Moreover, it is unduly expensiv, since the entire burden falls upon the worker, even tho justice require that a portion of the expense fall upon the employer. Resulting financial stress debars the sick worker from obtaining the medical care he needs, unless he accept charity. No less than 25 to 39 per cent. of those sick in industrial communities have been found by investigators to be without medical attendance.

The remedy proposed is the social one of compulsory health insurance for all manual employes and for other employes earning less than $100 a month, a system which carries with it a distribution of the burden between the employer, employe, and the state. Under this system, a cash payment equal to two-thirds of wages will be paid for not more than twenty-six weeks of illness in a year and medical care will be provided for the wage-earner and his family. Such a system, the brief concludes, is both an economical and an appropriate method of meeting the needs of the worker.

WORKMEN'S COMPENSATION AND TUBERCULOSIS.

The New York Workmen's Compensation law provides for compensation for "accidental injuries arising out of and in the course of employment and such diseases or infection as may naturally and unavoidably result therefrom." According to the Commission a certain claimant was working for his employer, operating a crane on the Mohawk River, when a timber broke and the man jumpt about ten feet into the water to save himself from injury. He waded out of the shallow water to the shore, but alleges that he contracted a heavy cold and pleurisy, which developt into pulmonary tuberculosis. The Commission decided that the workman was entitled to compensation and the Appellate Division of the New York Supreme Court affirmed the decision. T. W. G.

BENEFITS.

When the bread winner of a family falls ill, he needs not only medical care, but also, usually, a sufficient cash benefit to insure the support of himself and of his dependents. It is essential that the two benefits be associated in the same organization, both for economy and convenience of administration, and also to meet effectively the abuse of malingering. The public interest in the insurance, the improvement of the health of a large and peculiarly threatened class of the community, can only be adequately met by the provision for medical attendance. The same public interest demands the extension of this benefit to the dependent members of the families of the insured, provided for in American hospital funds and in German sick insurance organizations. The state's subsidy is designed in part to cover the expense of this extension which would not constitute a large percentage of the total cost. (Secs. 6–17.)

Proper provision for medical care is one of the most important problems in the efficient administration of health insurance. The tentativ plan—many of the details of which should be left to regulations to be made by the Commission and the medical advisory board—allows each fund or approved society to select the method of administration suitable to local conditions. Where

the fund chooses the panel system, any legally qualified physician may join the panel, and the insured workmen shall have free choice among physicians undertaking insurance practice. Since this system may not prove practicable in all districts, freedom should be left to the funds to provide medical care through other methods, such as salaried physicians, among whom there should be reasonable free choice, through physicians responsible for special districts, or through any other method approved by the Commission. (Secs. 9–11.)

To avoid some of the recognized shortcomings of foreign systems, certain safeguards have been inserted. For instance, the limitation placed upon the number of insured patients whom a physician may treat will go far toward preventing a repetition of the British experience whereby, under a system of free choice of physician, one-fifth of the doctors are, in many towns, treating one-half the insured population. Moreover, since this limitation is calculated with reference to the probable number of sick days which a doctor is likely to have in charge, it will prevent extreme cases of overwork caused by too large numbers of insured patients. In the interest of patients, doctors, and funds alike, it is highly desirable to separate the duty of certifying a person as eligible for cash benefit from that of treating him, and for this and for supervisory purposes a fund may employ a medical officer. (Sec. 11.)

The question of method of payment to physicians is an especially complex one on which the committee has not reached definite conclusions, although it offers the following points for discussion:

The capitation payment, of so much per person per year, common now in lodge practice, has in it elements which bring about an undue amount of work, and in turn forces neglectful, hurried service to the patients. Another plan is that of engaging a salaried physician, similar to the arrangements now made by many railroads. Since no fund could employ many physicians, the limited choice of doctor might be unfavorably regarded by some of the insured persons. The advocates of this system claim that it offers peculiar advantages of selecting the physicians

most desirable for this work, and thus of obtaining better service. A third method, payment per visit, is also possible. To the medical profession this method may be preferable because it establishes a quantitative relation between services and remuneration, and to the patient because it probably secures more careful attention from the doctor and thus eliminates the chief fault of the capitation system. On the other hand, medical care under this system may put a heavier burden upon the funds administering benefits. A compromise between this and capitation may be made by which a total sum, calculated on the per capita basis, is distributed among physicians in accordance with the services rendered by each. Instead of the elaborate fee schedule common under workmen's compensation, a more simple arrangement is made whereby a physician is paid *pro rata* for office and house visits. Although this effectively meets the chief objection to a capitation payment, it may be undesirable to the physician since the actual payment for each visit may decrease in proportion as work increases. However, the provision of a fixed amount divided according to services has administrative advantages since the total amount paid for medical aid is a fairly constant charge upon each fund.

But whichever system be adopted, one thing is clear: all medical service to the insured will be paid for, including the unremunerated dispensary practice of to-day. The problem becomes one of deciding which method of arranging for the 100 per cent. collections of the future is preferable, in the interests alike of patients, doctors, and administrators.

Representation of the medical point of view in the administration is important. This need is met by the presence of a doctor on the Social Insurance Commission and by provision for consultation with representatives of the medical profession on medical matters. This secures a hearing to the medical point of view on both state and local problems.

The necessary supervision may be obtained through medical officers employed by the funds, while matters in dispute may be referred to special committees, both state and local. To these

committees, representing the various interests, power might well be given to remove undesirable practitioners from insurance practice, subject to an appeal to the Commission.

Provision of maternity benefit is included, since childbirth may be assimilated with sickness in its physical and economical effects, and since the interest of the public in better care of mothers is clear. The prohibition placed in some states upon the industrial employment of women just before or after childbirth, in addition to the financial loss involved in her absence from work, emphasizes the desirability of providing a cash benefit during her inability to work just as cash benefit is provided for incapacity for other causes. Moreover, the annual occurrence in the registration area of 10,000 deaths of mothers from causes connected with childbirth and of 52,000 deaths of infants from diseases of early infancy—many of which are preventable—makes it imperative to provide more adequate care. The importance of this provision is reflected in the fact that maternity benefits are universally included in European systems. Provision for maternity benefit has always been a feature of the model Health Insurance bill. In an effort to meet objections from one source, however, this feature was left out of the bills as introduced in 1916. This omission led to much adverse criticism. (Sec. 18.)

Funeral benefits are the most urgently felt insurance need of the classes subject to this act. They are included in most compulsory foreign systems, and are provided for in most systems existing in America. As one of the benefits under sickness insurance, their cost would be very small in proportion to what it is at present, and also in proportion to the total amount of benefits. The present great cost of premium collection for burial insurance will be done away with and the added cost of administration of the system will be negligible, while the relief afforded to the poorer classes of working people, in comparison to the heavy cost of securing burial insurance at present, will go far towards paying their share of the contributions for all benefits. (Sec. 19.)

(*From the third edition of Health Insurance, standards and tentativ draft of an act, issued by the American Association for Labor Legislation, May, 1916.*)

SOCIAL INSURANCE AMONG OUR EXCHANGES.

The subject of Physicians' Compensation in Welfare Insurance is receiving considerable attention in the journals, thus we quote from an editorial article by H. G. W. in the *Long Island Medical Journal* for July, 1916:

There is no question that the difficulties surrounding the manner in which a medical attendant is to be employed and recompensed are difficult and perplexing. The English method, by which the physicians of a section are invited to enroll themselves in the "panel" and thus signify their availability for service under the Insurance Act, has been found objectionable because of the excessive demands upon a popular physician and the consequent lack of employment for others equally capable but less in demand. This, of course, means that the quality of the services rendered is impaired by lack of time on the part of the overbusy doctor and tends to defeat the cardinal purpose of the Act—good medical care for the poorer classes. The attempt to remedy this defect by limiting the number of insured that any physician on the panel may treat to 500 families or 1,000 individuals will hardly accomplish its purpose for two reasons: first, because 500 scattered families is at least 200 too many; and second, because the physician is not limited by the Act as to the number of non-insured families and individuals he may treat, and, unless the fees assured by the Act are made generous enough to be attractive, the tendency will be to give them secondary consideration. This furnishes a valid argument for a fixed schedule of fees to be specified in the Act; or at least a list of maximum and minimum charges, to be modified by local conditions.

The second plan, of salaried physicians in the employ of the Commission with reasonable choice permitted to the insured, is open to the objection that unless the salary is sufficiently large, or an opportunity for building up a private practice is afforded, the type of physician attracted will not be of the best. Experience has demonstrated, in those municipal departments where salaried physicians are employed, that a certain degree of competition is required to keep them up to the advances in medical knowledge. Also, men who do not have a fair field in competition with the general profession are less likely to obtain positions in hospitals and clinics. It would seem that a modification of the third plan might offer a fair solution of the problem. If the state were divided into districts of about 500 individuals and district physicians assigned under civil service rules on a moderate salary with the privilege of indulging in private practice to an extent that should not interfere with their regular duties, a reliable class of practitioners would be assured. The medical inspectors already provided for in the Act could see to it that the work was properly done, while the opportunity to build up a private practice would enable the district physician to provide for the future. The question of a fee schedule would also be eliminated under this plan.

These criticisms are worthy of careful consideration, altho all of them, while pertinent to the question of fees, are not fairly applicable to the subject under discussion. Thus, the objection to the panel being found "objectionable because of the excessiv demands upon a popular physician and the consequent lack of employment for others equally capable, but less in demand" applies to the employment of physicians after the ordinary methods. Some men are popular, and their offices are overcrowded; others lacking this element have difficulty in making ends meet.

It is the constructiv criticism of this article that should concern us most. Altho if the state were to be divided into districts, as suggested, and assigned to an individual physician, it would be depriving the patient the liberty of choice in the physician. Still as a definit proposition the methods should receive careful consideration.

While not directly concerned in Welfare Insurance, still in reality growing directly out of it, is a statement in the *Journal of the Missouri State Medical Association* for July, to the effect that "the more intelligent laymen are beginning to ask the doctors at what rate the latter will act as their family advisers in the method of Health and Hygiene." This is the old plan of yearly practice modified so as to provide preventiv care rather than curativ treatment, and revives the question of contract practice. The author of the article referred to suggests that the physician follow the practice of the lawyer in accepting an annual retaining fee for such service, the amount of the fee fairly compensating the physician for the services to be rendered. He further suggests that long illnesses and operations be excluded from the service, the annual fee covering only consultation in matters of hygiene and ephemeral illnesses.

The discussion of this subject as outlined is foreign to that of Welfare Insurance, but the principles outlined could readily be adapted to coöperativ practice so that an annual retainer would be paid to a physician in care of a group for hygienic oversight, to be supplemented by definit fees in cases of actual sickness.

The Medical Economist for July (which most of our readers know as the official organ of the Federation of Medical Economic Leagues) continues its opposition to health insurance and in this number publishes the remarks made by Dr. E. V. Delphey in the discussion on the subject at the Section on Preventiv Medicine and Public Health of the meeting of the American Medical Association in Detroit. Dr. Delphey was present at the meeting to represent the Federation and presented the views of those opposed to such legislation. As this article has concerned itself only with the question of compensating physicians but a single paragraf is quoted:

> Inasmuch as it is stated that the scheme is for health insurance and not for indiscriminate almsgiving, we must consider it as purely a business proposition and instead of trying to be purely altruistic we must look into the matter and take care that the medical profession is properly compensated, especially as the medical profession is being "worked" by nearly every one who wishes to appease his conscience in establishing some so-called "medical charity."

BRIEF FOR HEALTH INSURANCE.

A death rate for American wage-earners twice that of professional men; the prevalency of high sickness rates; the need among workers of better medical care and of a systematic method of meeting the wage loss incident to sickness; and the necessity for more activ work in the prevention of disease are the corner stones of the case for compulsory health insurance presented in the brief just publisht in New York by the American Association for Labor Legislation. This situation, it is pointed out, cannot be met fully by existing agencies, and can only be properly remedied by a system of health insurance embracing all wage-earners and dividing the cost among employe, employer and the state.

The great amount of sickness in the homes of the poor causes an average loss by each wage-earner of 9 days a year, and involves annually a national wage loss of approximately $500,000,000. Notwithstanding the great prevalency of tuberculosis among wage-earners, their early susceptibility to the degenerativ diseases of middle life, and the excessiv death rate among the industrial population, workers often are unable to secure the

medical attention they require. In Rochester, New York, it was found that 39 per cent. of the sickness cases were not under a doctor's supervision; in a city like Boston, Massachusetts, one-fourth of the population, it is estimated, are unable to pay the fees of a private physician.

The lowered vitality and the poverty created by present-day conditions it is claimed can only be checkt by a system of health insurance, which for a small sum divided among employer, worker and state, will bring medical care to the wage-earner and his family, will assure for a maximum of 26 weeks in a year a weekly payment of two-thirds of wages during the bread-winner's illness and in addition a small funeral benefit should he die. "Compulsory health insurance," concludes the brief, "is an economical means of providing adequately for the sick wage-earner, and will prove a mighty force for the inauguration of a comprehensiv campain for health conservation."

The Texas State Journal of Medicine for October concludes an editorial article on the "Texas Liability and Compensation Act" with these words: "The law is fine for the employer; good for the working-man; questionable for the doctor; and most disastrous for the lawyer." It follows this article by a second on "The National Health Insurance Movement" from which we copy the following paragraf:

> For many years physicians have been campaining persistently to awaken the public to demand better health protection. Health insurance is the result. To make a perfectly cold-blooded statement the people propose to solve the problem by drawing on the State treasury and employers for a part of the cost, by taxing themselves equally for the remaining expense and with funds so raised to secure their medical service at rock-bottom rates. The time has now arrived when it is necessary for the medical profession to immediately consider under what terms and plans public health interests, and its own interests as well, can be best served. *It is perfectly plain that the self-sacrificing, public-spirited, uncommercial disposition shown by the medical profession in behalf of public health will not in any large degree be reciprocated by the public when bargain-day for medical service in health insurance arrives.*

THE CHILD.

AND HIS RELATIONSHIP TO SOCIETY.

SOME PHYSICAL, PSYCHO-SOCIOLOGICAL CAUSES OF DELINQUENCY IN BOYS.

By John Adams Colliver, A.B., M.D., Los Angeles, Cal.

It is impossible to take up the physical—which is also the physiological, psychological, and sociological study of the delinquent child with a well defined line of demarkation between each of these subdivisions. They are so interdependent and at times so interchangeable, that it is often impossible to tell what particular phase is psychological, physiological or really sociological.

In discussing the physical phase we will include the different functions, dependent upon, and involved in the delinquent child which, of course, are the same as in any other. In the study of the use of the body, especially of the nervous system bearing upon habit, it will be necessary to include such things as physical defects which interfere with the normal functions. The most important phase of the subject is that dealing with the functions of the mind in control of the body. In other words, we must first understand the principles of human behavior.

Habits.

Our whole conduct in relation to the outer world is governed by impulse, which we receive on the nerves which run to and from the brain or central nervous system. The sensory nerves can carry the impulse in and the motor out to the muscles. This constitutes a simple reaction.

The first time a child does a thing, whether standing, walking, throwing, writing or what not, it is difficult, and each time repeated makes it easier than the last, so on, until it becomes a habit and is done without effort or thought. So in training the central nervous system, the more times we do anything, the easier it becomes and our whole life is made up of a series of reactions. No matter what we do, it may be resolved into some

form of nervous reaction. If a boy disobeys his mother once, it will be easy to do it another time, unless she properly blocks it. If a boy lies once, he will probably do it again. In other words, our actions whether crying, laughing, anger, stealing, lying, etc., depend upon the muscular action, and this in turn is dependent upon the nerve impulse which originates either within or outside the brain or nervous system. Thus the act soon becomes a part of the organism.

Conduct.

The matter of right or wrong is a matter of training like good or bad table manners, and if a boy's sense of right and wrong is not developed, the tendency is to go in the line of the least resistance. At a certain age, the conscience begins to develop and this development depends directly upon the environment and training. He becomes conscious of right and wrong and from that time on there is continued inhibition of certain impulses.

If a child has had the proper training, impulses pass uninterrupted over nerves that are tending to adapt him to his environment and his habits are accordingly good. If, however, there are other impulses due to irritations coming in over other nerves as great as, or greater than the said impulses of good behavior arising from the brain, then the latter are blocked and the dictates of conscience are interfered with. This leads up to the relation that the physical defects bear to the physical or physiological study of the subject. In such cases the brain, the captain of the body, is confused and unaccountable things are done, because orders are not carried out and confusing messages are being received.

Physical Defects.

Any physical defects may thus contribute to the interference of good intentions at any time, but especially during the stage when rapid changes of puberty take place. At this time inhibition is not fully developed and abnormal impulses are characteristic. The ones producing the most interferences, as I have observed in my work, have been defects in the genito-urinary system,

nose and throat, in the special senses, malnutrition and others of obscure nature. It has been demonstrated in physical examinations of school children that about 16 per cent. of the backwardness is due to presence of such defects and especially of the tonsil and adenoid conditions. I have also demonstrated in numerous cases that marked moral improvement followed their removal. This is better illustrated in my articles on "Does the Correction of Physical Defects of Juvenile Criminals Improve Their Moral Conduct?" and "Does the Abnormal Condition of the Teeth Contribute to Juvenile Delinquency." This may be partially due to physical improvements which followed. But most important, a stimulus has been removed which was constantly sending impulses to the brain and tending to block proper actions of the will.

In an address on the "Physical Basis for Irritability in Boys the Beginning of Juvenile Delinquency," published in the *Journal of Sociologic Medicine*, I showed how the correction of this made many marvelous changes for the better. A composite curve showed the periodicity or intervals of crime lengthened in all of them. The importance of this phase of the work cannot be over-estimated. It cannot be repeated here as this phase was taken up in detail in that article.

Malnutrition.

Other physiological bases for delinquency are found in the poorly nourished boy. We have found that boys improperly nourished, whether because of poor food or of these defects, do many things which when they are fattened up, are eliminated. As the boy took on weight the world was seen in a different light and his conduct was proportionately improved. Many instances emphasizing this point could be cited.

Obscure Cases.

There is a class of early delinquents in which it is almost impossible to discover any basis for their trouble. It is a common observation among physicians dealing with children that a change in the disposition of the child, and an unaccountable irritability

are very early symptoms of many diseases. I have observed children break their toys, tear their clothes, injure their playmates, and the only accountable reason was an obscure rheumatism or alimentary irritation, or the like. All of these would clear up under proper treatment. The intestinal disturbance due to improper feeding has long been observed by mothers as a cause of the demon in their children.

Severe Illness.

We have observed that severe illness is often followed by change in the disposition of the child. This may be easier accounted for when such is accompanied by defective hearing or deposits. Other times we are compelled to believe that the illness had something to do in producing the bad disposition. A very important consideration in this matter must not be overlooked, namely, long illnesses are generally accompanied by lack of discipline.

Head and Brain Injuries.

Another class of cases coming under the head of Physical Defects includes injuries to the brain and head. Scarcely a week passes but that a boy appears in court and the parents claim that his badness dates from the time he had a fall or was "hit" on the head, at which time he was unconscious and "from that day to this he has never been right." They can show you the "bump" or impression. I have many times had the occipital protuberance—a perfectly normal bump, pointed out to me as the cause of crime. It is not always necessary as far as they are concerned that he simply had a "hit" on the head—they must excuse him.

Newspapers are prone to take up this sensational phase of the matter and speculate on it, and many times surgeons are brought to operate and the public led to believe as parents. I have never yet seen a case but that there was some other good accountable reason for the delinquency. As a rule there is evidence of imbecility or some other lack of development through non-proper training. As a matter of fact, there is no particular bump on the head or any other part of the brain, the injury of

which tends to criminality. Such blows are coincident and a part of every boy's life.

A case which has numerous parallels may be cited, namely, a boy struck by an automobile breaks his arm and is unconscious for a short time. Since then he is backward in school and incorrigible. History shows a neurotic family, an early retarded physical and mental development, a stigma of degeneration and psychological examination classifies him two or four grades below his age. The blow had absolutely nothing to do with his conduct—it was simply a coincidence.

Bad Habits.

Another physiological phenomenon which interferes remarkably with proper moral development of the child is improper or artificial functions or uses of the nervous path. I refer to the development of impulses from without as those of cigarette smoking, masturbation, drug taking, etc.

Cigarettes.

In cigarette fiends we find the mouth, throat and secretions so modified after smoking is continued a little while that often when it is stopped there are impulses sent out which pass to the brain and call for the stimulus which causes them; in other words, more cigarettes. This interferes with concentration. Many times it is the only accountable reason for the boy losing control of himself and getting into court. I have had several boys tell me they really did not know what they were doing after excessive smoking and that they would do anything to get a smoke. More than one boy has told me that he would die before he would quit. I have seen many such cases in boys surrounded by luxury and apparently protected by influences of wealth from crime, finally by some unaccountable reason land in a reform school.

Drug Habit.

The same phenomenon applied to drugs like cocain, opium, etc. We do not find, however, so many of these cases as a few years ago. Their use produces change in the nervous system

which falsifies impulses and the boy does and says unaccountable things.

Masturbation.

This is another perversion of habit. Every time the impulse or act is repeated it is easier for the next, until the system demands a repetition. If puberty is reached their crime or meanness often takes on a periodicity which may be easily explained physiologically. This habit is always associated with a broken will or easily influenced type, and they do things which under normal conditions are unaccountable. Very often the stimulus which originates the irritability, if removed early enough, will avoid further trouble and even in well established cases cure can be effected.

Another class of boys, little past puberty, who have been perfectly respectful in home and to their mothers, suddenly become indifferent, saucy, irritable, and, as a rule, are inclined to stay out late at night. In such cases you can count on it almost without exception there's a girl in the case, and not a good girl either. We have had many cases exhibiting this tendency. In some, the mothers declare it to be coincident with the new moon. At other times the probation officers tell me they exhibit spells of incorrigibility every two or three weeks—in other words, a periodicity.

I well remember trying to break up a spell in which we explained to the boy it was necessary for him to get up earlier in the morning. An alarm clock was secured and James did fine for about three weeks. One night he went to bed grouchy and the next morning when the alarm went off he jumped out of bed, grabbed the clock, threw it through the looking-glass and proceeded to smash up all the furniture in the room.

Perverts.

Along the same lines we have a class of boys to whom the sight of a certain thing at once starts sex impulses which tend to self-abuse or other perverted habits. When a boy prefers girls as his associates and wears girls clothes, he should be closely watched, for no matter how young, he is on the road to becoming

a pervert. We have had a number of boys who wore jewelry, painted, powdered, had the best manners, cultivated voice and smile of women, usually took a woman's name, dressed in woman's clothes and flirted so with men on the street that the men would follow them all over town trying to get acquainted.

Psychological.

Before taking up the psychology or mental study of the delinquent boy it will be better to consider briefly the psychology of the abnormal boy.

Mentally Defective.

One of the most important classes of delinquents is the mentally defective. About 20 per cent. of cases appearing in the Juvenile Court are really mentally defective. Under the more expert examination this per cent. is increased. These are wholly or partly irresponsible. Many judges feel that they can tell this class by sight, but it is absolutely impossible. Even an expert cannot. They are feeble-minded, with self-control only partly developed, and they are non-responsible and should not be treated as delinquents, but as mentally defective.

Epileptic.

There is another type in a class with the feeble-minded which is of an epileptic form, exhibiting spells of marked irritability and a tendency to produce crimes. This may be associated with epilepsy or sexual perversion, or classified under feeble-mindedness.

Independent of this class is the moral degenerate with intelligence not apparently affected. Here it is a matter of feeling. Their future action cannot be controlled by fear or discipline.

Mania.

There are other cases, apparently normal, yet having peculiar mania for certain things, such as stealing money, autos, clothes, jewelry, bicycles, and for no other reason than the pleasure or irresistibleness of doing it. We have had an unusually large number of auto cases and most of them said they didn't want to steal

the autos, but just took them for joy-riding—didn't know why—just wanted to go joy-riding, and they didn't always take girls with them. They usually took a bunch of boys and rode until they broke down or gas ran out.

A well trained boy of 15 years illustrates this point. Lewis would steal an auto, then become conscience-stricken, remove the tires and throw them away so he could not use the machine. After doing this and getting 10 or even 20 miles away, the spell would come on him and he would return, hunt up the tires, replace them and take the auto. He said he had an "irresistible love for an auto." He became a chauffeur and made 29 trips between Los Angeles and San Francisco, receiving $50.00 per trip and had four stolen autos stored between points.

Psychology of Normal Boy.

Before puberty this is dependent largely upon the training he has had at home. The power of inhibition is not fully developed, and up to that time boys have not complete control of themselves. The following are some of his most important psychological characteristics: Desire of ownership, destructiveness, love of approbation, playfulness, envy, adventurous, curiosity, imagination, imitation, secretiveness, ambitions and others, but any one of these normal characteristics may be carried to such a point as to contribute to the delinquency of a boy.

Ownership.

The earliest characteristic and almost instinct of childhood is desire of possession. It is many years before they realize limitations of society. Many a boy has been brought into court entirely ignorant of having done wrong. When combined with ambition it seems almost inconsistent that a boy intensely interested in electricity or wireless for instance should be brought into court for picking up discarded wire in vacant lots. Yet numerous cases like these occur.

Destructiveness.

It is this instinct, when associated with low inhibition, that causes boys to break windows, chop down good trees, cut auto

tires to pieces, and smash up things generally. It is the analytical age and the period precedes construction which, carried to extreme, gets boys into trouble.

Approbation.

Many a boy has run away from home because he thought his parents did not love him, or, as I have been told repeatedly, in order to make the mother and father love him. Step-mothers and fathers often contribute to this class. One very pathetic case of a boy 7 years old, was brought into court for stealing a ride on a load of hay 20 miles from Los Angeles. He was held two days, every means taken to learn where he lived. He could describe his home but did not know the street. We took him in a machine and rode him all over the suspected part of the city and, finally overjoyed, he found the place. We went inside to see the joyful meeting, but to our surprise, no one knew him. He had simply visited there six months before and had had a good time. His real home was in an orphanage, 25 miles away. His previous visit gave him a taste of parental love.

Playfulness.

A large percentage of juvenile delinquents tried in large cities is due to a child's natural or abnormal instinct to play. It is the normal development of this tendency that causes the arrest of boys for playing ball in the street, roller-skating, and boisterous disturbance of the peace, etc. It is slightly abnormally developed when it gets boys into trouble, for jumping street cars, turning on fire alarms, greasing car tracks, taking horses and buggies or autos just for a ride, etc.

Envy.

It is very interesting to know how envious or revengeful boys are. We had a case of a boy who set fire three times to his employer's house of business simply because the other boys working there plagued him. In another case a boy was taken into court for entering a church, overturning the organ, and turning pews and other furniture upside down. When questioned, he

frankly admitted he did it because some boys who went to that church had thrown mud on him and he was trying to get even with them.

Adventurous.

This is the spirit that influences the boy to steal firearms, sleep out nights, "beat it" across the continent, read dime novels, play hookey, frequent moving pictures, and often become a vagrant. It is the moving spirit which organizes the "gang," fosters venturesome projects, and results in bicycle thefts, burglaries and other crimes.

Curiosity.

It is the abnormal development of this characteristic that causes a boy to sit all day under an old engine, forgetting school, home and hunger, and finally be brought into court for truancy or incorrigibility.

Imagination.

There is scarcely a delinquent, aside from the mentally defective, without this trait highly developed. Practically all the boys exaggerate to the point of lying. All cigarette smokers are liars, as are practically all truants and "repeaters." A good illustration of this class was found in a boy who lived near Seattle. Enticed to Southern California by the prospects of large wages in fruit crops, the mother allowed him to come South, paying his way and giving him ten dollars. He got off the train at Burbank, was robbed by two hobos, landed at the home of friends penniless, and found they had gone to the beach for two weeks. He thought he could "stick it out," as he said, until they returned. He tried several places to get a job or something to eat, sleeping in hay stacks at night. Before going to bed one night he found a rabbit hole to which before daylight the next morning he returned waiting for the animal to come out, expecting to kill it with a rock, and eat it raw, he was so desperately hungry. About sunrise there appeared a black and white animal with a bushy black and white tail. He drew his hand to throw just as the animal turned, looked at him and spat. It scared the boy so badly he was paralyzed. The animal returned to his hole. The

boy sat on a log exhausted. He tried again to beg something to eat, but "nothing doing," he said. He went to the back door of a house and knocked, but no one answered. He knocked again but no answer. He was so faint he could scarcely stand. "I spies some cold beans on the back porch, opened the screen, went in and ate a few. On way out I sees a small rifle which I returns to get when I thinks of that animal. I didn't think it was wrong to take a few beans and I expected to bring the rifle back." The next night he was caught by an officer while eating a rabbit he had shot.

This was a very pathetic story and affected so many that a strong united plea was inaugurated for his release. It later developed, and that is my reason for telling you this, that the whole story was a lie—a product of an imagination. The only true part was the stolen rifle, but with it he had several other stolen articles from a hardware store. He was an escape from the San Francisco Detention Home. Too bad he didn't get the skunk.

Imitative.

We have boy after boy brought in because they have followed the leader. Many who have simply "been along." One developed the faculty so strong that after reading 500 dime novels, he committed 22 burglaries in the small town of Hollywood before being detected. He was finally caught and sent to George Junior Republic, worked up, and became chief of police. Finally things became too quiet and he ran away, "beat his way" to Freeville, N. Y., the parent George Junior Republic, and applied for admission. There is no question but that if this boy was properly directed, he would become a powerful citizen.

Moving pictures also have been an element of suggestion leading boys into trouble.

Secretiveness has already been considered under habits.

As an illustration of ambition, we have had boys steal teachers' book marker and stamps in order to improve their record in school.

Boys' Point of View.

In order to judge we must put ourselves in the boy's place,

and, if possible, get his viewpoint. In all of them the sense of justice, of right and wrong is highly developed. A thing is either for or dead against him. How can you ever convince a boy that staying up after 9 P.M. on a beautiful balmy evening, when the games are only begun, is wrong; or that asking to ride in an auto regardless of destination, the boy is carried many miles from home, or for riding on the sidewalk on a wet day, or for ducking his chum while in swimming; or for trapping stray pigeons in his own back-yard; or for licking some boy because his parents do not buy meat at his pa's shop; or for running away from home at the age of 14 to go to his first circus, being refused admission money by parents, working all day watering mules, not even a chance at the elephants, to see only part of the circus and to wind up the next day at court; or convince a boy that he should have no hard feeling toward his father and not want to kill him because the father kicked him in the face and then threw him downstairs because he refused to take his little sister to Sunday School?

These are all authentic cases and the future attitude of these boys depends upon the way the court disposes of them. The boy from that day may be revengeful or repentant.

Social Aspect of Delinquency.

Before taking up the sociological study there is a socio-psychological aspect of delinquency which should not be overlooked. Many boys have not improved by being arrested, taken into custody and placed back into the same environment.

The social study of the delinquent divides itself into the group of self, home, and environment. The self, or old gang, is pretty well broken up, but court boys are still in a class by themselves, and parents of the better children will never allow their children to associate with them, and they are classed as "court kids."

Another thing is the discovery of habits without a remedy for curing them before sending them out. The most important power of all is giving employment to boys regardless of their adaptability. Many boys fail to make good because they either dislike the work or are not adapted to it. The aspect most

considered by officers has been the direct moral side, whereas many a boy could be made a good and useful citizen if he were given proper employment, according to his psychological tendencies, or at least, if put as far as possible from his greatest failing. This phase alone is worthy a paper.

Responsibility of the Homes.

It is no more natural for a boy to be good than it is natural to raise a weedless crop without cultivation. It is not a natural tendency of a boy to be good. He must be trained and it is up to the parents, and his conduct is a reflection upon them. When we consider that 95 per cent. of the delinquent boys are from "broken homes," we can appreciate why it is up to them. It is not the boy's fault that he is bad, it is due to his training or environment, his inheritance, and his defects.

Childhood is the habit-forming age, and to try to change the habit after the child has reached puberty is like trying to cure a chronic disease of years' standing, or break a colt—the longer you let it go the harder job you have. The time to begin is at infancy or before.

We have had numerous boys from good homes, but of bad parentage, turn out "bad" in spite of environment. Time and again with tears in their eyes, I have had "mothers" and "fathers" acknowledge, for the first time, that the boy was an adopted child, but that they loved him and had given him the best they had, but could not account for his wrong-doing.

Often the very one on whom the child depends is the one contributing most to his delinquency. When guardian takes advantage of his ward, when fathers set bad examples and give tobacco and liquors or prostitutes to their sons and ruin their daughters, and mothers teach their children to lie, swear, "shoplift," and evade the law, then what is the helpless child to do?

Homes.

The great majority of delinquents come from the poorer classes. This is due to better environment and training in the others and also to the protection from crime in these classes. Children

in better homes take money from parents or neighbors and the deficiency is at once made up. The crime is covered and thereby is postponed the day for the "big doings," usually a forgery or a ruined girl.

Broken Homes.

About 95 per cent. of the boys come from homes where one or both parents are dead, or father and mother intemperate, or both parents working, or parents separated. In all these conditions the children are left to shift for themselves or under the control of wobbly discipline or none at all. Their home influence is such that the boy must get his fun outside of the house. Many a boy has left home to enter a criminal career on account of a step-mother or a step-father. When parents of delinquent children are both alive they are usually ignorant and of a standard of life such that their training is injurious and their example bad.

Overindulgence.

If a child becomes accustomed to accommodating itself to every whim and desire, a change takes place in the nervous system and they become fixed habits of the body and mind. Many parents feel that it is a kindness to their children to let them have their way and just what they want.

I have met many a mother in jail where they would say "I'd rather see my boy in his coffin than behind these bars. He has always been the favorite in the family. He's our only child. He has had every advantage a boy could have. He has never seen a thing on the street or in show-windows that he did not get for the asking. His room at home is filled with musical instruments, toys, etc., and he has always been protected and brought up among the best boys. How could he ever have gotten here? Who could have been so low as to have influenced him to such? What is the cause of it? Doctor, do tell me." There is nothing left to tell. She gave you the whole story. She's the one who put her boy there.

Another illustration under the head overindulgence is the habit that parents have of allowing children "grown folks' en-

tertainment." This ruins the girls more than boys, and the one most interested in stopping it is the one who has usually started it—parents. From this class we get joy-riders, and they all pay the price of living high.

In addition to all of this we must remember that crime is a matter of conduct and conduct a matter of habit, the same as good and bad manners, and vary according to time, locality and environment. The physiological make of the boy remains the same—passive, ready to be acted upon—while the social conditions are always changing. It is continually a matter of education and adjustment to the ever-changing social environment.

Tell a delinquent boy an act is "bad" and the chances are he will secretly give you the laugh. Show him something better in his own terms. Get his interest. Keep him busy. Give him proper psychological employment and environment. In other words, educate against and compete with crime. *Do not preach.* Remember, often the very elements which condemn a boy if properly cultivated are the strongest factors contributing to efficient manhood.

Baker-Detwiler Bldg.

HOSPITAL SCHOOL FOR COLORED CRIPPLES.

Connected with the Johns Hopkins Hospital, Baltimore, Md., is an institution known as the Johns Hopkins Hospital School and Convalescent Home for Crippled Colored Children. It is located at Remington Avenue and 31st Street, about two miles from the general hospital. It has accommodations for about 40 patients and ample grounds for getting the children out into the open air. It is operated in connection with the orthopedic service of the general hospital. Children are first admitted to the orthopedic clinic of the Johns Hopkins Hospital, given such correctional or operativ treatment as may be required and then transferred to the convalescent branch for the usual long period of convalescence. A surgical interne lives at the institution and spends part of his time working in the orthopedic clinic of the

general hospital. The orthopedic staff of the general hospital is the visiting staff of the convalescent home.

The institution was opened about November 1, 1914. A school teacher is assigned by the Baltimore Board of Education, and in a schoolroom provided for the purpose classes are held daily. It is the object to keep up the education of the children during the time they are obliged to spend in the hospital, which with orthopedic cases is oftentimes as long as a year and averages weeks or months. There is a supervising nurse in charge, with two graduate nurses and pupil nurses from the Johns Hopkins Hospital Training School for Nurses assigned there to duty. The institution is under the executiv control of the superintendent of the hospital and the executiv staff. As this institution is merely a branch of the Johns Hopkins Hospital, the same Board of Trustees directs its operation.—(*From "American Journal of Care for Cripples," Volume III, 1, 1916.*)

* * *

It seems as tho the brunt of the cities' sanitary sins were focused on the baby. The baby didn't ask to come, to live in a hot, dark, air-tight tenement, to be fed on dirty, half-spoiled milk, to be pestered with flies and mosquitoes. He is not responsible for any of these conditions and it is his right that he have fresh air, clean surroundings and decent food.

* * *

We are pleased to see in the *Volta Review* that day schools are organizing in connection with the public school system in various cities of the Union, teaching lip reading to deaf mutes, the July number giving reports from schools in Kansas City, Lansing, Mich., and Houston, Tex.

* * *

THE CHILD AMONG OUR EXCHANGES.

The *Indiana Bulletin of Charities and Correction* for July contains an account of the annual meeting of the Indiana Children's Bureau when Dr. George S. Bliss discust "The Future Care of the Feeble-Minded" and Mrs. Albion F. Bacon spoke upon "The Feeble-Minded Girl." It also gives the proceedings of the State

Conference of Charities and Correction held at Richmond, Ind., at which time Miss Julia C. Lathrop, Chief of the Children's Bureau at Washington, delivered an address on "A Baby's Rights."

* * *

The Annals of the American Academy of Political and Social Science for September is devoted to "New Possibilities in Education." We call attention to the following articles as especially interesting to medical sociologists:

"Education for Parenthood." By Thomas C. Blaisdell, Ph.D., Dean, School of Liberal Arts, Pennsylvania State College.

"Health as a Means to Happiness, Efficiency and Service." By Louis W. Rapeer, Ph.D., Professor of Education, Pennsylvania State College.

"Play and Recreation." By George E. Johnson, A.M., Assistant Professor of Education, Harvard University.

* * *

The Interstate Medical Journal for September publishes an article by Dr. Harold Hays on "How Can We Meet the Problem of the Deaf?" which deserves special commendation.

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"The Scope of Infant Welfare Work" is the title of a comprehensiv paper by Dr. Joseph S. Wall, of Washington, D. C., publisht in the *Virginia Medical Semi-monthly* for September 22nd.

* * *

The Volta Review for October quotes with approval from an English periodical ("The Teacher of the Deaf") which protests against putting schools for the deaf under the care of the medical department of the board of education. The writer acknowledges that deafness is a medical problem, but says the education of the deaf presents no medical factors peculiar to that class.

* * *

The Albany Medical Annals for October has an article by Dr. Clinton P. McCord on the "Scope of Practicable Examination in Routine School Medical Inspection" which could be read with profit by many medical inspectors and school board authorities.

The General Education Board is completing a study of the public school system inaugurated at Gary, Indiana. The purpose is that a full and authoritativ account of this interesting experiment in public education may be available for study and use thruout the country. This work was undertaken at the invitation of the school board of Gary and the results will be embodied in a comprehensiv volume to be issued by the Board. The General Education Board has made an appropriation for the purpose of studying the school possibilities of the unusually gifted child. Up to this time much special study has been devoted to improving the education of defectiv children, but comparatively little attention has been devoted to a systematic and thoro study of the talented child. An endeavor will be made to find out how early in their school life gifted children can be spotted, and how much school time and energy they can economize, as well as how much additional training and mental equipment they can obtain during their school years.

* * *

Paul E. Taylor, the Director of the New York Milk Committee, maintains that it is the community rather than the individual that has power to reflect the ultimate credit on itself and its individuals in baby-saving as in everything else. He states no community can excuse a high infant death-rate on the ground that conditions are unfavorable. We now know that conditions which endanger the health and lives of babies can be corrected if only the known preventiv measures are applied. It will, of course, cost more to safeguard babies in some communities than other communities, but is not baby-saving a duty and the real basis of future City, State and National preparedness?

* * *

Intelligent motherhood conserves the nation's best crop.

* * *

The registration of sickness is even more important than the registration of deaths.

* * *

A low infant mortality rate indicates high community intelligence.

FROM THE FIELD.

REPORT OF REPRESENTATIV OF ACADEMY IN THE NATIONAL EDUCATION ASSOCIATION.[1]

By Helen C. Putnam, M.D., Providence R. I.

I. COMMITTEE ON STANDARDIZING JANITOR SERVICE.

As previously reported (*Bulletin American Academy of Medicine*, April, 1913), this committee was appointed after a discussion in the Department of Science Instruction of the National Education Association on "Practical Aspects of Biologic Science in School Administration," which is included in the volume "School Janitors" issued from the American Academy of Medicine Press. The final report of this committee was made to the department in 1913, and the committee continued for purposes of propaganda. During the succeeding three years up to this date about two hundred thousand copies of the following summary have been circulated, a considerable number thru the Academy's traveling exhibit on School Housekeeping. This exhibit has been duplicated in two or more instances, with due credit given the Academy as its author. [Here is inserted the printed summary of the recommendations by the Committee on Janitor Service, Department of Science Instruction, National Education Association, July, 1913. This admirable summary suggests enlisting the pupils' co-operation in the school, appointing health officers in classrooms to look after the temperature, dustiness, relativ humidity, air currents and cleanliness; it also makes some valuable general suggestions and advises various articles and reports for supplementary reading.]

The Fellows may be interested in the following extracts from some of the reviews of the book "School Janitors" with which the Academy is associated indirectly, and which both in its present form and in its separately publisht parts previously appearing, has been of service in the work of the committee. [Here are included the extensiv and appreciativ reviews of this book

[1] This report was presented to the Academy at its meeting in Detroit last June, and by direction of the Publication Committee is hereby publisht in shortened form.

from the *Journal of Educational Psychology, American Journal of Public Health, The Daily Herald, Springfield Republican, Journal of Education, School Board Journal, Journal of Experimental Pedagogy,* and the *Journal of Home Economics.*]

II. COMMITTEE TO STUDY METHODS OF PROMOTING IDEALS OF RACIAL WELL-BEING.

The National Council of Education of the National Education Association, to which the representativ was elected in 1912, after a discussion in February of this year on "The New Ideal in Education—Better Parents of Better Children," created a committee to study methods of promoting ideals of racial well-being. The committee has the use of $1000 annually for four years to help place popular ideals of responsibility for the race above individualism and above commercial ideals. None of it may be used for expenses, or to promote an individual, a book, o ran institution. The writer is chairman of this committee, other members being educators holding positions of authority in public education. On the Advisory Committee are such specialists as Dr. Charles B. Davenport, Director of the Station for Experimental Evolution at Cold Spring Harbor; Dr. H. H. Goddard, Director of the Department of Research at the Vineland Training School for those whose minds have not developt normally; Prof. C.-E. A. Winslow, head of the Department of Public Health at Yale University; and Dr. Robert M. Yerkes, Professor of Comparativ Psychology at Harvard University.

To secure results as widely and definitely educational as possible prizes are offered to the class of 1917 preparing to become educators in universities, colleges and normal institutions, for the best co-operativ studies of the propositions. "*The supreme object of education should be to make the next generation better than living generations.*" The following extracts from the publisht announcement outline the possibilities of the studies further.

Suggestions to Two-Year Normal Classes for Developing the Study.—What educational and social facts relating to the statement are most significant? How can the ideal in the statement be imprest in nature studies? In garden work? In geography? In history? In personal hygiene? In school housekeeping? In recreation? In civics? How can education result in

better parents? In fewer mental defectivs? In an inheritance of higher ideals and wiser economic conditions for the next generation?

Suggestions to Other Competing Classes.—How does history illustrate the statement? Or statistics of criminals, defectivs, degenerates; of morbidity, mortality, birth-rates; of poverty, alcoholism, conservation and waste? Use of statement in biologic courses? In primary, grammar, high-school grades? In vocational and other special schools? In extension instruction for adolescents and adults? What alterations in public schools are necessary to fit pupils to become better fathers and mothers and better citizens with reference to the next generation than we have had, as measured by statistics of preventable child mortality, morbidity, defectivness, degeneracy, "criminality?"

Suggestions to All Competing Classes.—The foregoing suggestions are not requirements and either group is free to use those made to the other. It is desired that all classes understand the elementary form of Mendel's theory of inheritance of unit characters with special reference to mental defectivs. It is especially hoped that each class will submit a piece of original investigation or experimentation bearing on the statement; *e. g.*, work with children in practice or other schools; study of a related social problem in a village or city, ward or county; critical analysis of common definitions of education, curriculums, etc. It is recommended that subtopics be assigned to individuals or groups to work up, and that the long vacation be utilized; that these partial studies be thoroly discust in class. The study submitted must be composite, representing the class. A dissenting minority may present its reasons separately, not exceeding one thousand words. To make a family history study of some family showing a well-markt trait is a most valuable educational exercise. Standard outlines for such can be had by corresponding with the chairman. "A Study of the Self" which includes the family would be an effectiv method of approach. The outline of a plan for a piece of research may be sent to the chairman who will secure the advice of an expert on the Advisory Committee of Experts for the purpose of making it as useful as possible.

A new group of twelve states each year will make these studies, the best of which will be promptly publisht; and a volume of those of highest merit is likely to be issued at the end of the period.

* * *

BETTER THAN A DOLE.

We are in receipt of the following circular from Mr. H. B. Rodgers, chief parole officer of the New York State Reformatories:

I beg to announce the opening of a small Commercial Printing Plant oper-

ated entirely by young men from seventeen to thirty years of age released on parole in my charge from Elmira, New York, State Reformatory. The idea is to continue the inmate printers of the Reformatory at their trade after they are released on parole, paying them reasonable wages from the product of their own labor, thus enabling them to live decently while they are becoming proficient and industrious enough to earn recommendation to the printing industry in general.

Our intention is to enlarge this plant as fast as possible and to employ an increasing number of these young men long enough to graduate them or, if the business warrants it, to keep them permanently advancing in the printer's art.

The life of each and every one of these boys is known to me personally as well as his home and social environments and each one is given my personal attention.

Positively no salaries are paid to any one apart from the paroled men except to the one expert instructor and the one necessary stenographer.

The workmanship produced in this plant is of the highest. We do not attempt to cut prices. Our motto is: "TO GIVE ALL WE CAN FOR WHAT WE GET—NOT TO GET ALL WE CAN FOR WHAT WE GIVE."

Won't you aid to help these young men to live honestly through their own industry? Won't you aid in the prevention of crime by giving us your orders for printing? We print every description of commercial work in the most attractive manner. Our service is efficient, accurate and quick.

Can we not serve each other?

This is not a charity as the word has degenerated to its present usage, but it is an example of the highest type of charity, using the word as originally intended, to denote the care of our fellow from the feeling of brotherly kindness. The appeal of Mr. Rodgers ought not to go unheeded, and we hope many of our readers will be able to contribute to the success of his scheme by giving him an order for printing. Appropriately he calls the equipment the Loyal Printing Press, having its address at 1350 E. 15th Street, New York City.

* * *

The Survey recently issued a circular letter soliciting subscriptions, from which we quote:

You can't be a physician without keeping track of public hygiene, a lawyer without keeping track of social legislation or a business man without opinion on child labor, minimum wage laws and workmen's compensation.

This sentence is intended to reach the three classes of people mentioned, but the physician's personal well-being depends

more upon keeping track of social legislation than it does of public hygiene because of his professional relations to most laws relating to social welfare. Hence while a subscription to *The Survey* might be and is helpful in keeping him informed of these subjects, it is much more important that he be interested in investigations undertaken from a medical viewpoint. These can be undertaken only by an association, and in their entirety and fulness by an association whose sole object is the investigation and discussion of such subjects. The questions arising regarding social medicine are of interest not only to those who specialize but of vital importance to those whose practise may nearly touch the border of the subject discust, and who can tell when this touching will become more intimate and the proper conduct of the individual physician depends upon the knowledge of the results of investigations previously made. It is to afford an opportunity for such association and researches that the American Academy of Medicine is organized and its organ, the *Journal of Sociologic Medicine* is issued to disseminate such information.

The Southern Sociologic Congress was organized five years ago for the purpose of applying the principles of sociology to the conditions of the southern part of the United States and its yearly volume of transactions have been contributions to sociologic literature. It should be remarkt that the claim to the word "Southern States" is neither in a sectional or sentimental sense. "It is merely a matter of dimensions and accessibility. The limitation is purely that of physical perspectiv and approach. * * * The Solid South for a Better Nation: If that slogan, which we have carried on our banners from the beginning, has in it a smidgin of prejudice or pretense, it will come out in the wash—or in the war." To help carry on its propaganda and increase its influence it has entered upon the publication of a bimonthly magazine entitled *Forward*, which is bright, breezy and helpful. It is issued for "Health, Justice and Coöperation," and if the succeeding numbers are as readable as number one, it will be a force for helpfulness.

Handicapt persons, as they are termed by the State Employment Bureau, those who must fight for an existence in spite of some infirmity, are now easily obtaining suitable positions thru the efforts of the bureau. The troublesome problem of work for cripples has been solved. More than fifteen of these unfortunates have been placed with one firm, supplanting the idle and inefficient apprentice. Other firms are following in the footsteps of this pioneer.

The solution was hit upon simultaneously by the State Employment Bureau and the enterprising superintendent of a bolt factory. Tiring of apprentices who had no ambition to learn their trade or to advance their own interests, and who seized upon the first opportunity to leave for a war order factory, Francis W. Mack, superintendent of the A. & M. Haydon carriage bolt factory at 304 North 22nd Street (Philadelphia), sought for some way out of the difficulty.

Observing about the city the large number of middle-aged men selling newspapers, men of wide experience and seeming ability who were unable to secure a man's job because of the loss of a leg or because they were crippled in some other way about the lower part of the body, he wondered if they were not in reality good workers who could be used in the bolt business.

Applying at the State Employment Bureau, 1519 Arch Street, for boys, Mr. Mack learned that boys, thru the operation of the continuation school and child labor acts, were almost unprocurable. * * * * * * *

By ones and twos, others handicapt by the loss of a limb, twisted with spinal meningitis and crippled in many other ways, were tried at the work. They have all made good. In proof of this the services of a foreman have been dispensed with. The handicapt men are so eager to make good that supervision is not necessary. * * * *

* * * The women's department of the State Employment Bureau, pleased with the results obtained by the co-ordinate department, is planning to carry out the same idea with their women "handicaps."

The only drawback which threatens the work of the State Em-

ployment Bureau is that if it continues to be so successful in placing "handicaps" and they continue to make good with such earnestness, the bureau may have difficulty in the future placing applicants who are sound of body but lack the energy and willingness of handicapt persons.—(*From "American Journal of Care for Cripples," Volume III, 1, 1916.*)

* * *

The fourth annual convention of the National Organization for Public Health Nursing was held in New Orleans, La., on the 27th of April last. The proceedings of the meeting were publisht in the Bulletin of the society for July. Attention was paid to the various forms of public health nursing, including general visiting nursing, industrial nursing, infant welfare, school nursing and tuberculosis nursing. The Organization has a membership of 1500, a net increase of over 200 during the last year, and seems to be in a flourishing condition.

* * *

The August number of *The Journal of the Michigan State Medical Society* says that:

Six medical schools (University of Minnesota, Rush, California, Vermont, Leland Stanford and Northwestern Universities) have adopted the rule that their graduates must pursue a year of hospital interneship before being granted their medical degree. The Medical Boards of Registration of Pennsylvania, New Jersey and Rhode Island definitely require a year of service in an approved hospital as a requisite for the licensure to practice medicine in those states.

The foregoing is indicativ of the trend of medical educational requirements that are being exacted and which requirements will, in the very near future, become universal. By 1920 this will undoubtedly be a requirement of all state boards.

There then presents the problem of inspecting and classifying the hospitals of this country and designating those that are capable of giving a satisfactory course of work to the internes. The Council on Medical Education of the American Medical Association has this work in hand and the American College of Surgeons has a fund of $10,000 placed at its disposal by the Carnegie Foundation for the coming three years that is to be devoted to this work—a total of $30,000. The systematic way in which the work is to be undertaken promises that on completion valuable data will be available in regard to every hospital of any consequence.

It therefore becomes incumbent upon every hospital and its staff to promptly undertake the institution of such plans and methods as will entitle their hospital to be incorporated in the recognized and approved list.

NOTES AND NOTICES.

An adjourned meeting of the American Academy of Medicine will be held at the University Club, Pittsburgh, November 22d, at 4.00 P.M., at which time the officers nominated at Detroit will be elected, applications for membership acted upon and the transaction of such other business as has been referred to the meeting by the Academy at Detroit.

* * *

The American Association for Study and Prevention of Infant Mortality—that lusty seven-year-old child of the American Academy of Medicine of which we are justly proud—will hold its annual meeting in Milwaukee, October 19–20, 1916. The subjects to be discust include: Government activities—Federal, State and Municipal—in relation to infant welfare; Care available for mothers and babies in rural communities; Standards for infant welfare nursing, and morbidity and mortality in infancy from measles and pertussis. The session on Measles and Pertussis will be a joint one with the Milwaukee County Medical Society. The preliminary program is just publisht and may be obtained from the Executiv Office, 1211 Cathedral Street, Baltimore, Md.

* * *

The Modern Hospital of St. Louis and Chicago, a monthly journal devoted to the building, equipment and administration of hospitals, sanatoriums and allied institutions, and to their medical, surgical and nursing services, has devoted its August number to a symposium of welfare work among the industrial corporations of the country. Among the topics discust are those of first aid, industrial nursing, lunches and diets for employes, safety devices in factories, and athletic and social clubs for employes. Besides many special papers, there is an epitome of the welfare work in hundreds of the corporations of the country.

One feature is an attempt on the part of the editors to weed out those features of industrial welfare that they believe undesirable and to emphasize those that seem best to meet the present needs of the American public.

* * *

ERRATUM.

In the transactions of the Detroit meeting of the Academy, p. 207, of the August Journal, should have appeared the reading by title of a paper on "Medicine and the Industries," by Dr. George M. Price, New York, Director, Joint Board of Sanitary Control.

On page 260 of the August Journal Dr. Kane's address should read 230 Clay St., Kane, Pa., and not Ohio.

* * *

The American Prison Association has selected the *Journal of the American Institute of Criminal Law and Criminology* to be its official organ and hereafter a section of each number of the Journal will be set apart for Prison Association matter.

* * *

The *Interstate Medical Journal* for June has a symposium on "Alcohol and Narcotics" which is at once entertaining, valuable and instructiv. It should be consulted by everyone who is interested in the discussion of the subjects.

* * *

The Pacific Medical Journal for August appears in a new cover and a change in the type previously used gives it a very neat appearance.

ACADEMY PERSONALS.

DIXON, DR. SAMUEL G., was elected President of the Medical Society of the State of Pennsylvania at its meeting in Scranton on September 20th.

LOWMAN, DR. JOHN B., was elected a Trustee of the Pennsylvania State Medical Society at its recent meeting.

MCBRIDE, DR. JAMES H., is a member of the Commission on Immigration and Housing of the State of California.

Ravogli, Dr. Augustus, has been commissioned First Lieutenant, M.R.C., U. S. A.

Stevens, Dr. Cyrus Lee, was re-elected Secretary of the Pennsylvania State Medical Society.

Van Sickle, Dr. Frederick L., was elected a Trustee of the Pennsylvania State Medical Society.

Vaughan, Dr. Victor C., Dean of the Medical School of the University of Michigan, attended a conference on infantile paralysis held in New York in August, and was appointed a member of the committee to study methods of prevention. Dr. Vaughan delivered an address on "The Eradication of Disease" at a meeting of the health officers of Montana in July.

Wagoner, Dr. George, has been re-elected Treasurer of the Medical Society of the State of Pennsylvania.

Weaver, Dr. J. K., has been reappointed a member of the State Board of Prison Inspectors of Pennsylvania.

Welch, Dr. William H. (Hon.), sailed for England in August in connection with the arrangements for the opening of the new School of Hygiene and Public Health which the Rockefeller Foundation is to establish at Johns Hopkins University.

NECROLOGY.

1916. July 16. Sir Victor A. H. Horsley (Hon.).

GLEANINGS.

Every one knows that few individuals between the ages of thirty and sixty take any constructiv forethought for their physical welfare; few carry out any definit plans for regular daily exercise or proper breathing of fresh air. Fewer still have even a fair conception of their own physical make-up or their condition at any particular time; this fact is due likely both to lack of time and to reluctance to face the truth.

One of the best ways to arouse interest in practical hygiene would be through the organization of a National Health League which would hope ultimately to have a representativ organization in every large community. It should be the duty of such a body to encourage right living among its members and all individuals associated with them. This work should be supplemented by a systematic and regular program of study and discussion. For local organizations made up of individuals who insist they

are too busy to make a personal study of the subject, practical lectures could be arranged at regular intervals, calculated to keep interest aroused. The lectures could be obtained among broad-minded and altruistic physicians of the faculty of the state university. The central organization, whether state or national, could employ a part of its time and energy in no better way than in providing a complete corps of efficient lecturers who could answer the call to some local organization.

There are many individuals who are looking for a field in which they can utilize their executiv powers in a worthy way. There are many wealthy people who are ready and even anxious to donate funds to a worthy cause. We believe a no more worthy cause exists than the one just suggested.

Much work has already been accomplished by organization such as the Y. M. C. A. to encourage right living among young men, but little of it touches the group of busy individuals who are the victims as well as the causes of the Period of Retrogression.—(*C. H. Forsythe in "Science," July 7, 1916.*)

* * *

Dr. J. R. Brown, Tacoma, Wash., in his President's address on "Some Needs of the Profession" before the Twenty-seventh Annual Meeting of the Washington State Medical Association, at Seattle, July 12–14, 1916, said:

Unfortunately we as medical men are not well balanced. We recognize three classes of doctors. First, the dollar chasers; second, the self-sacrificing humanitarian; and third, the scientific investigator. The first sees only money and what it will bring for himself. The second sees only humanity and he bleeds for it and is bled by it. The third often loses sight of both money and humanity in his effort to get at the truth. The ideal physician should be an harmonious blend of all three. This he cannot be without first obtaining the broadest culture and the highest scientific attainment of which he is capable as well a true prospectiv of his place and relation to his fellowmen.

—(*From the "Northwest Medicine," August, 1916.*)

* * *

I would by no means have you think that I believe physicians as a class are subject to the criticisms I have made, for a great

proportion of the men of that profession would not permit themselves to be employed as medical experts, to give evidence contrary to their convictions. But the medical profession like the legal profession, I am sorry to say, has a sufficient number of unworthy members, who are influenced more by sordid reasons than by a sound conscience and who permit themselves to be used in such a way as not only to discredit themselves but to tend to bring the honorable profession to which they have been admitted into disrepute.—(*From an article on "Medical Expert Testimony" by Alden Chester, Justice of the Supreme Court of New York in the Albany Medical Annals for June, 1916.*)

* * *

Immortality is a theme upon which human thought has exhausted itself without absolute and universal conviction because it takes the human mind beyond its depth at the first long stride forward. But there is one phase of immortality about which we can all be assured. The mind of to-day can through the minds of to-morrow project itself into immortality. Ideas and ideals travel through generations of minds to eternity. It will ever be the inspiration of the teacher that to him in particular comes this great opportunity to be a part of the future, by moulding and guiding and training the minds of the present.—(*R. L. Wilbur in "Science," July 7, 1916.*)

LITERATURE NOTES.

THE COMPENSATION LAW OF PENNSYLVANIA.

I. Rights and Obligations of Employes under Pennsylvania Compensation Act with Decisions, Rulings and Forms. By R. J. Brodsky, Ph.D., Consulting Compensation Expert, 411 Walnut St., Philadelphia. Price, $1.00.

II. Pennsylvania's Compensation Law and the Doctor. By Harry A. Mackey, Chairman Workmen's Compensation Board of Pennsylvania.

Dr. Brodsky's brochure is written for the purpose of giving accurate information to employes under the Pennsylvania Compensation Act but it furnishes valuable information for employ-

ers and others as well. He is particularly frank regarding the physician's share of the burden when he says:

> Instead of imposing the entire burden of the cost of the law on the employer or the industry as some other Compensation Acts do (N. Y., Wis., Cal.), the Pennsylvania Act shifts a considerable part of the burden of this social scheme upon the shoulders of the medical profession, without having first asked their consent for such unreasonable taxation. As the provision for medical services stands, according to statistics, nearly one-fourth of all accidental injuries or some 80,000 accidents which cause a disability for more than two weeks will have to be treated by the medical profession gratuitously, with the result that the curativ work so essential to the well-being of the workman and his family and to the success of this entire measure will be much hampered.

On pages 38ff. he discusses the medical services to be received by the workmen accepting the compensation plan, showing that the Act secures the payment to a physician only for treatment during the first two weeks, which is not to exceed $25 (to include medicines, nursing and surgical appliances) for minor accidents, or $75 when major surgical operations are involved. Any expense in excess of these limits must be borne by the workman himself, as well as for whatever treatment is necessary after the expiration of the fourteen days.

But these features of the bill are already well known to our readers, but possibly the wording of the bill and the rulings thereupon regarding the employer have not been so fully understood. Thus, should a physician desire to make an extension to his dwelling house and, instead of putting the whole matter into the hands of a contractor, employs the various mechanics himself, he changes his business and becomes a builder and is responsible for compensation in case any accident happens during the process of the repairs. His chauffeur is an employe in the line of his business while his neighbor, who may be living "retired," would be free from the responsibilities of compensation since his chauffeur is in domestic service. Should the pastor of any church trip in the aisle in walking to the pulpit during the services and injure himself he can look to his church for compensation because he is employed in the regular line of business of the church. There are many other curious intricacies in the law

which this pamflet points out and illustrates. It is well worth the while for each one to inform himself on the precise limitations of the law so that he may be protected from the inadvertency and suffer loss.

Chairman Mackey's zeal for the success of the law has led him to appear before various medical societies in its defense and the pamflet under review is a paper read before the Philadelphia County Medical Society last May. It presents the old argument that the certainty of a smaller sum received from a greater number is more remunerativ to the physician than for him to charge his regular fees, much of which he finds afterwards to be uncollectable. Let us hope that some investigator will prove or disprove this assertion by statistical study.

The other common appeal that is made is shown by the following paragraf:

> This is a law to aid and assist the industrial workers. The medical profession might be expected, together with our legal brethren and all patriotic citizens, to make certain sacrifices in order that the benefits may accrue to our great army of wage-earners. Nevertheless, these reports and statistics do not indicate that any real burden has been thrown upon the doctor.

C. M.

MENTALLY DEFECTIVE CHILDREN: THEIR TREATMENT AND TRAINING. By G. E. SHUTTLEWORTH, B.A., M.D., Hon. Consulting Physician (formerly Medical Superintendent), Royal Albert Institution, Lancaster, for the Feeble-minded of the Northern Counties, etc., and W. A. POTTS, M.A., M.D., Medical Officer to the Birmingham Committee for the Care of the Mentally Defective. Fourth Edition. Pp. xix + 284. With 20 plates and 8 figs. London: H. K. Lewis and Co., Ltd., 136 Gower Street, W. C., 1916. Price, 7s. 6d., net.

The frase *multum in parvo* may fittingly be used to describe this little volume, containing, as it does, in small compass a wealth of information concerning the etiology, diagnosis and treatment (medical, hygienic and educational) of mental deficiency.

The popularity of the work is evidenced by the early exhaustion of the third edition, by the publication of a French version, and that it is to be translated into Japanese. The authors do not occupy themselves unduly with the discussion of subjects of academic rather than practical interest, but limit themselves

to those fases which are essential to a practical working knowledge.

Six interesting pages are devoted to the subject of heredity in mental defect, in which Goddard's theory of feeble-mindedness as a recessiv Mendelian character is mentioned. The authors' breadth of vision is shown by the fact that tho admitting the possibility of the truth of Goddard's claims they state their belief in the influence of environment and mention the experiments of Macdougal, Tower, Sumner, Carriére, and Lustig, to which they might have added the equally significant experiments of Hertwig, Fíeré, Stockard, McClendon, Wreber and others.

Several pages are devoted to syphilis as an etiologic factor, which may justly be said to accurately evaluate present-day knowledge upon the subject. The reviewer, however, deplores the use of the term "inherited syphilis" as being scientifically inaccurate, congenital syphilis being the better term.

The tendency on the part of some writers in this country to eliminate the term "moral inbecile" evidently does not meet with the concurrence of Drs. Shuttleworth and Potts as references to this class of cases are common thruout the work. While it may be true that moral defectiveness is but a symptom of a more general intellectual defect, yet there are those who would regret the disappearance of the term and in fact who are inclined to accept the explanation of the authors that moral deficiency may be explained on the same basis as "mindblindness" and may exist with or without other defect.

Considered as a whole, this work should be in the hands of every person (lay and medical) coming into contact with mentally deficient children. E. B. McC.

Infant Mortality: Its Relation to Social and Industrial Conditions. By Henry H. Hibbs, Jr. Price, 30 c. Pages 127. Publisht by the Department of Child-Helping of the Russell Sage Foundation, New York, 1916.

This little paper-bound volume is a series of papers relating to infant mortality and all of them have appeared previously in periodicals. The subject matter is the outcome of a house to house investigation of infant mortality in four wards of Boston.

The subjects of the papers are as follows: 1. The Present Position of Infant Mortality: Its Recent Decline in the United States. 2. The Influence of Prenatal Conditions of Infant Mortality. 3. Infant Mortality and the Size of the Family. 4. The Mother and Infant Mortality. 5. Infant Mortality and Urban, Housing, and Living Conditions. 6. The Influence of Economic and Industrial Conditions on Infant Mortality. The fifth paper in the series was printed in the *Journal of Sociologic Medicine, October, 1915.* T. W. G.

The Carnegie Foundation for the Advancement of Teaching. A Comprehensive Plan of Insurance and Annuities for College Teachers. By Henry S. Pritchett, President of the Carnegie Foundation. Bulletin Number Nine, 1916.

Ten years have elapsed since the beginning of the administration of the pension fund by the Carnegie Foundation and during this time the results of the method employed have been subjected to careful study. As a result of that study the conclusion seems to have been reacht that the present method of administering of the Foundation does not produce the best results. This bulletin is a tentativ report looking eventually to an entire change in the administration of the fund and in the principles upon which its administration is founded. It is sent out in advance of its consideration by the Trustees that they may have the benefit of the opinions and criticisms of the college teachers of the United States, Canada and Newfoundland.

On reviewing the social economy regarding pensions in general it is discovered that the present system fails in that it gives something for nothing, with its usual tendency to weaken the moral fiber, whereas in any proper pension system the expectant pensioner should be a contributor to his own pension. It was discovered also that the present scheme is of benefit only to the professor about to retire from the weakness of age and affords no protection to the moiety that fall by the way, and also that the demands upon the treasury would increase so that eventually even the generous Foundation would not be sufficient to pay all the pensions, notwithstanding the limitation in the number of colleges beneficiaries to the fund.

An abstract discussion of the question of pensions, in which the experience of the many schemes for pensioning public employes and others that have originated in the last few years has been taken into consideration, seems to result in the following conclusions:

A. The teacher requires two forms of protection. I. An assured income for his family in case of his decease during the productiv years of his life. II. The retiring allowance when he is no longer able fully to perform the duties of his office, in which allowance his widow would participate in case of his decease after retirement. The first can best be taken care of by some form of life insurance, preferably that form known as limited insurance terminating at his retiring age because of the greater returns for the money invested during the period of his productiv activity. The second can best be secured by purchasing an annuity by partial payments up to the retiring age.

B. As our present social system exists, the expense of the insurance policy and the annuity should be divided between the teacher and the institution employing him.

C. The Carnegie Foundation would administer this fund without cost so that the savings could be earning a greater rate of interest than could be paid by the ordinary insurance company; assume certain expenses from the funds of the Foundation; thus, backt by this capital, would give a stronger financial basis to the scheme.

It is not intended to disturb the relation of the beneficiaries nor of those in the selected institutions enjoying the privileges of the Carnegie Fund but to gradually displace them by the newer scheme and to greatly expand the opportunities so that college teachers of any reputable college in the country may avail themselves of the advantages of the Foundation.

The entire plan has been carefully workt out and is presented with frankness and fullness and is commended to those who may be interested in the subject. C. M.

The American Journal of Sociology for July contains an article on "Youthful Offenders, a Comparativ Study of Two Groups,

Each of 1,000 Young Recidivists," by William Healy, M.D., Director, and Augusta F. Bronner, Ph.D., Assistant Director of the Psychopathic Institute, Juvenile Court of Chicago, read at the Second Pan-American Scientific Congress at Washington, January 3rd, last. Some years ago a study was made of 1,000 recidivists and more recently a study of another 1,000 was completed and the comparison of the results of these studies is given in this paper. The authors are convinced of the importance of studying the causes of delinquency during youth and in this agree with many writers that nearly all criminal careers begin during the years of adolescence. It is not enuf that, when the young offenders are brought into our courts for judgment, merely the physical and mental conditions are presented. Equally important is a knowledge of those elements which have caused the offender's conduct and of the remedies which can be offered. The variety of crime (and in this connection it is interesting to note the crimes common to both sexes and those peculiar to each sex) and the many causes leading to crime are gone into in detail by the authors. The paper should be of interest to psychologists and of much assistance to persons engaged in juvenile court work.

E. F. R.

Some two or three years ago the Medical Faculty of Stanford University gathered together in a single volume the contributions in medical periodic literature made by the members of its faculty during the preceding year and has continued the practice since. It has issued Bulletin No. 3 for 1915, containing 47 papers covering the period from August 1, 1914, to January 1, 1916, and a list of about 30 additional papers, also contributions by the Medical Faculty, but not reprinted in this volume. The only paper relating to social medicine is one by Dr. Ray Lyman Wilbur on "Medical Inspection of the Industries—National, State, Municipal or Private," which has already appeared in this Journal. While the contents of this volume do not pass under our review we can commend the plan as an excellent one, not only for reference but also as showing the medical activities of that faculty. Such a volume becomes in essence a volume of medical transactions.

The tenth annual report of the President and the Treasurer of the Carnegie Foundation for the Advancement of Teaching is on our table. After reviewing and reporting the business of the year the report directs its attention, in the second part, to the Division of Educational Enquiry, reporting progress in the various subjects under inspection, none of which relate to medicine. In part three it further discusses the subject of pensions in addition to the tentativ scheme which forms the text of Bulletin 9.

The Eugenics Review for July contains a valuable article on "Heredity and Environment" by Major Leonard Darwin; a second installment of Professor MacBride's "Study of Heredity" along with the usual excellent editorial matter.

The Bulletin of the National Organization for Public Health Nursing for September protests the sending out of student nurses by small hospitals as visiting nurses unless it be done under adequate supervision wherein the student is carefully graded and credited; that is, the sending out of a student nurse as a substitute or regular free worker on behalf of a needed cause is to be condemned, but if the school of nursing adds public health nursing to its curriculum and makes it an integral part both of the theoretical and practical education of its students it is rendering a needed service to the community and the country.

ILLINOIS BIOLOGICAL MONOGRAFS:

Vol. II, No. 3. STUDIES ON GREGARINES, including descriptions of twenty-one new species and a synopsis of the eugregarine records from the *Myriapoda, Coleoptera,* and *Orthoptera* of the world. With 15 plates. By MINNIE ELIZABETH WATSON. Price, $2.00.

Vol. II, No. 4. THE GENUS MELIOLA IN PORTO RICO, including descriptions of sixty-two new species and varieties and a synopsis of all known Porto-Rican forms. With 5 plates. By FRANK LINCOLN STEVENS. Price, $0.75. Publisht by the University of Illinois under the auspices of the Graduate School, Urbana, Ill.

We again call attention to the value of these monografs issued by the University of Illinois to biologists, for uniformily they not only give us the results of new researches carried on under the

direction of the biologists of the University but also a compendium of the literature of the subject, thus assisting the reader in a fuller research on the subject.

THE LEGACY OF THE EXPOSITION. Interpretations of the Intellectual and Moral Heritage Left to Mankind by the World Celebration at San Francisco in 1915. San Francisco, June, 1916.

This is what might be termed the "guest book" of the Panama Exposition. It is a collection of the impressions of the Exposition, with profesies of the impressions of the Exposition on the world at large for betterment in time to come. These impressions and profesies are from people of affairs in all walks of life and form a valuable souvenir of the Exposition.

ACKNOWLEDGMENTS.

[It is intended to acknowledge all publications received since the issuing of the last number that are not otherwise noticed. The present list records the publications received (other than periodicals in exchange) from July 23 to September 23, 1916, inclusiv.]

This acknowledgment is considered a full return for the courtesy of sending us the publication. Additional notice will be given when space permits. Publications treating of medico-social questions will be given precedence in the fuller notice.

U. S. Bureau of Labor Statistics: No. 196, Proceedings of Employment Managers' Conference. Bulletin No 197, Retail Prices, 1907 to December, 1915. Monthly Review, Volume III, Ag., No. 2; Sept., No. 3, 1916.

U. S. Bureau of Mines: Bulletin No. 115, Coal-mine Fatalities in the United States, 1870–1914. Coal-mine Fatalities in the United States, 1915.

U. S. Geological Survey: Professional Paper No. 98–I: A Reconnaissance of the Archean Complex of the Granite Gorge, Grand Canyon, Arizona. Professional Paper No. 98-N: Mechanics of the Panama Canal slides.

Bulletin of the Pennsylvania Department of Labor and Industry, July, August, 1916.

The Relation of Insurance to Poverty. By Lee K. Frankel, Ph.D.

American Labor Legislation Review, Symposium on Industrial Diseases, June, 1912.

Sex in Life. By Donald B. Armstrong, M.D., and Eunice B. Armstrong, A.M.

National Committee for the Prevention of Blindness: Bulletin No. 2, Care of your eyes—a message to you. Bulletin No. 3, Directions for the prevention of blindness from babies' sore eyes. Bulletin No. 5, What women's clubs and nursing organizations can do to prevent blindness. Summary of

state laws and rulings relating to the prevention of blindness from babies' sore eyes.

Bulletin of the National Organization for Public Health Nursing, July, Aug., Sept., 1916.

Iowa State Board of Health, Vol. 1, No. 3, Jl.–S., '16.

Child Betterment and Social Welfare, July, Sept., 1916.

Twenty-first Annual Report of the John Crerar Library, 1915.

American Society for the Control of Cancer: Free Tumor Diagnosis as a Function of State Public Health Laboratories.

The Sanitary Progress and Vital Statistics of Hawaii. By Frederick L. Hoffman, LL.D.

Illinois Biological Monographs: Vol. II, No. 3, Jan., '16, Studies on Gregarines, by Minnie Elizabeth Watson. Vol. II, No. 4, Ap., '16, The Genus Meliola in Porto Rico, by Frank Lincoln Stevens.

Hay Fever and Its Prevention. By W. Scheppegrell, M.D., President American Hay-Fever Prevention Association, New Orleans, La.

The Meaning of War and the Basis for Permanent Peace. By James W. Johnson.

The Legacy of the Exposition, San Francisco, 1915.

INSTITUTIONS OF LEARNING.

California: Stanford University, Medical Publications, Bulletin No. 3 1915; University of California, announcement of courses, 1916–17; Medical School announcement, 1916–17; Circular of Information, x, 2, Ag. '16. *Canada:* L'Universite Laval, Annuaire, 1916–17. *Colorado:* Colorado College Publication, June, 1916. *Illinois:* Northwestern University, Medical School, Announcement, 1916–17; University of Illinois, Bull. vol. 13, 19, Jan. 10, '16; Wheaton College, Bull., Jl. '16. *Maryland:* University of Maryland School of Medicine and College of Physicians and Surgeons, annual announcement, 1916–17. *Minnesota:* University of Minnesota, Bull. xix, 4, 27; Reg. 1914–'15. *Missouri:* University of Missouri, Bull. 18, Jl. '16. *Nebraska:* University of Nebraska, College of Agriculture, Bull. 37. *New York:* Columbia University, Bull. 10, 12, 18, 19, 20, 22, 23; New York Post-Graduate Medical School and Hospital, 25th annual announcement, 1916–17. *Ohio:* Eclectic Medical College, Bull. vii, 2, S. '16; University of Cincinnati, Record, xii, 3, Jl. '16. *Pennsylvania:* Philadelphia Polyclinic and College for Graduates in Medicine, 34th annual announcement, 1916–17.

REPRINTS.

Acknowledgment is made of the receipt of reprints upon topics of medicine other than medical sociology from Drs. Russell H. Boggs, Pittsburgh (2); Bayard Holmes and Julius Retinger, Chicago.

ONE BOOK AND A WHOLE LIBRARY

MANUAL OF VITAL FUNCTION TESTING METHODS AND THEIR INTERPRETATION

BY WILFRED M. BARTON, M.D.

ATTENDING PHYSICIAN TO WASHINGTON ASYLUM HOSPITAL
PROFESSOR AT GEORGETOWN UNIVERSITY

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